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ABSTRACT

Presented are the reports of 22 federal departments and agencies on their programs related to mental retardation. The review of governmental programs is seen as a needed first step toward mobilization of the full federal potential in coordinating efforts in the gamut of problems of mental retardation. The departments and agencies covered include Agriculture, Commerce, Defense, Health, Education, and Welfare, Housing and Urban Development, Interior, Justice, Labor, State, Transportation, Treasury, ACTION, Appalachian Regional Commission, Civil Service Commission, General Services Administration, National Aeronautics and Space Administration, National Science Foundation, President's Committee on Employment of the Handicapped, President's Council on Physical Fitness and Sports, Small Business Administration, U.S. Postal Service, and Veterans Administration. General kinds of information provided in each section, where applicable, are a statement of purpose, organization, services provided, and thrust of the program with respect to the mentally retarded. (CB)

ED 064829

Report to the President

FEDERAL PROGRAMS FOR THE RETARDED

A REVIEW AND EVALUATION

THE PRESIDENT'S COMMITTEE ON MENTAL RETARDATION

EC 042 416E

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ED 064829

Report to the President
FEDERAL PROGRAMS FOR THE RETARDED
A Review and Evaluation

The Agency Reports

June 1972

THE PRESIDENT'S COMMITTEE ON MENTAL RETARDATION

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The President's Committee on Mental Retardation, Washington, D.C. 20201

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

On November 16, 1971, you issued a statement which said in part:

"I am today initiating a review process throughout the Federal Government. All executive departments and agencies will evaluate their programs--medical, legal, education, social service, and environmental--with a view to providing maximum support to the President's Committee on Mental Retardation (PCMR), and will report to Secretary Richardson, chairman of that Committee."

Pursuant to your directive, I asked heads of departments and agencies to designate key personnel who would work with Dr. Joseph H. Douglass, Executive Director, PCMR, on this review and evaluation.

Working within a very tight time frame, these representatives have provided the excellent cooperation necessary to make possible our report to you at this time.

This is the first time such a compilation of Federal activities for the retarded has been made. At a minimum, we believe it will be of great service as an information source to all who are involved in assistance to the nation's six million retarded people.

But more important, we are hopeful that the process of reexamining their programs will stimulate a continuing search by Federal agencies for ways to act more effectively on behalf of the retarded. In the vast array of Federal programs only a few have been specifically established to serve the retarded, but many have a potential for being applied to that end.

We thank you, Mr. President, for your initiative in launching this study, and look forward to your leadership in marshaling a maximum effort by Federal agencies for your twin goals--reducing the occurrence of mental retardation, and providing a normalized life in the community for more of our retarded people.

Faithfully yours,

Elliot L. Richardson
Chairman

FOREWORD

This volume presents the reports of 22 Federal departments and agencies on their programs related to mental retardation, as submitted to The President's Committee on Mental Retardation. A few other agencies had not completed their reviews in time for this publication.

Data on employment of retarded persons by Federal agencies are not shown in their individual reports, but will be found in the report of the U.S. Civil Service Commission.

These reports are being analyzed by The President's Committee on Mental Retardation, and will provide a basis for recommendations to strengthen the Federal effort on mental retardation.

TABLE OF CONTENTS

Introduction 1

Executive Departments

Agriculture 3
Commerce 43
Defense 47
Health, Education, and Welfare 51
Housing and Urban Development 105
Interior 123
Justice 133
Labor 143
State 165
Transportation 168
Treasury 199

Executive Agencies

ACTION 201
Appalachian Regional Commission 213
Civil Service Commission 225
General Services Administration 234
National Aeronautics and Space Administration 245
National Science Foundation 248
President's Committee on Employment of the Handicapped 253
President's Council on Physical Fitness and Sports 257
Small Business Administration 258
U.S. Postal Service 259
Veterans Administration 261

Acknowledgements 271

INTRODUCTION

The mentally retarded, it has often been said, are more like other people than they are different from them. Accordingly, they require food, housing, education, transportation, and employment just as others do. In this regard, more and more each year we see the inter-relatedness of all aspects of human life and the bearing on both the prevention and the amelioration of mental retardation.

Two people come together as parents. The father may carry an identifiable genetic irregularity, the mother may affect the fetus by drug intake or excessive smoking. Poor nutrition or viruses may hamper the infant's brain development, pollutants in the environment such as lead and mercury may cause brain damage. Education may not begin early enough to offset the effects of ghetto or "barrio" life and minimally educated parents.

The President's Committee on Mental Retardation stresses these interrelated factors because they underline the need for all government agencies to work together as well as with the professional and voluntary sectors, if we are to make continuing and expanded major inroads in these stubborn problem areas.

This far-ranging review of governmental programs is seen, therefore, as an important first step toward mobilization of the full Federal potential for coordinated effort on the entire range of problems of mental retardation. Never before, to our knowledge, have all government agencies focused their attention in this manner toward a human-oriented goal.

In the course of the review, good relationships have been established by the President's Committee with agencies which previously had been only minimally aware of the problems and possibilities in dealing with mental retardation. With resulting increased sensitivity to the needs of the mentally retarded, soon they may make important contributions of expertise and resources not previously applied. During the process, the several departments and agencies found unsuspected points of convergence and byproducts of their programs which can benefit the retarded. Hopefully growing out of their participation will be new leadership initiatives by agencies best equipped in specialized areas.

Perhaps too, agency actions will have a synergistic effect beyond the Federal level. If, for example, the Bureau of Prisons should develop an intensive educational program for mentally retarded offenders, this might inspire similar action by state prison systems. In other areas of activity, Federal programs may serve also as models for local or community governments and organizations.

This report must be considered as a first step, not a last one. To assure continued forward movement, some ongoing mechanism should be established for interagency coordination. It should be structured to provide broad and coordinated perspective and to furnish technical and other assistance as needed, while allowing room for "lead" agencies to function effectively in behalf of the retarded in their areas of competence, responsibility and missions.

If the dividends of working together for solution of the problems of retarded Americans can be demonstrated, it may lead to new methods of coordinated approaches to other problem areas as well. Using all the knowledge we have developed of the human body and of human behavior, and drawing from the technology of aerospace, computers and other rapidly developing fields, we can equip millions of handicapped persons to walk the earth in dignity, as productive and respected members of society, and otherwise eliminate considerable human pathos and tragedy.

Joseph H. Douglass, Ph.D.
Executive Director, PCMR*

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* (Retired May 12, 1972)

DEPARTMENT OF AGRICULTURE

A. 1. Overall Mission and Authority of the Department or Agency with Special Emphasis on the Mentally Retarded

The Department of Agriculture is dedicated to the welfare of the American individual. When the Department was established on May 15, 1862, the law read in part "...there is hereby established at the seat of Government of the United States a Department of Agriculture, the general designs and duties of which shall be to acquire and to diffuse among the people of the United States useful information on subjects connected with agriculture in the most general and comprehensive sense of the word..." This law, very broad in scope, has remained the basic authority of the Department for over 100 years.

With respect to the Department's activities in food and nutrition, Executive Order 9310, March 6, 1943, transferred the nutrition functions of the Office of Defense Health and Welfare Services to the Department of Agriculture.

On January 28, 1964, the Department of Agriculture entered into a written agreement with the U.S. Civil Service Commission in accordance with FPM Letter 339-4 for employment of the mentally retarded.

A. 2. Unite Identification Within Departments and Agencies Where Mission or Authority Relates to the Mentally Retarded

Within the Department of Agriculture, there are six (6) agencies that have programs relating to the mentally retarded. These are the Agricultural Research Service (ARS), Consumer and Marketing Service (C&MS), Cooperative State Research Service (CSRS), Extension Service (ES), Farmers Home Administration (FHA), and Food and Nutrition Service (F&NS).

Agricultural Research Service

The Research and Marketing Act of 1946 states in part: "...The Secretary of Agriculture is authorized and directed to conduct and to stimulate research into the laws and principles underlying the basic problems of agriculture in its broadest aspects, including but not limited to:...research into the problems of human nutrition and the nutritive value of agricultural commodities, with particular reference to their content of vitamins, minerals, amino and fatty acids and all other constituents that may be found necessary for the health of the consumer and to the gains or losses in nutritive value that may take place at any stage in their production, distribution, processing, and preparation for use by the consumer."

ARS directs scientific research in the fields of ...home economics... and directs research conducted in foreign countries under grants and contracts by authority of the Agricultural Trade and Development Act. Two divisions in ARS do work that relates to the mentally retarded--the Human Nutrition Research Division and the Consumer and Food Economics Research Division.

Consumer and Marketing Service

As a part of its service to consumers, C&MS has developed "Smart Shopper's Food Guide," a series on buying, preparing, and budgeting for food specifically designed for the mentally retarded.

Cooperative State Research Service

The Cooperative State Research Service administers the cooperative experiment station, forestry, and land-grant college funds provided through Federal grants "...to promote a sound and prosperous agriculture and rural life...and the maximum contribution of agriculture to the welfare of the consumer." Experiment Station programs are cooperative with each other across State lines, with other State and Federal agencies, and with industry and foundations.

CSRS has no specific charge with respect to mental retardation.

Extension Service

ES is the educational arm of the Department. The overall objective of the Extension Service Home Economics program is to provide national leadership in the design, implementation, and evaluation of home economics programs that will contribute significantly to the development of families and family members, to enhance the quality of individual and family decisions, to provide the competencies needed to carry out decisions, and to increase the ability of individuals to interact effectively with others. ES meets this objective through the Expanded Food and Nutrition Program, Family Life Program, and Family Resources Management Program.

Other ES units that can be identified as relating to the mentally retarded are 4-H and Community Resource Development.

Farmers Home Administration

FHA is responsible for directing the activities of 20 rural credit programs.

Five FHA programs that relate to the mentally retarded are Farm Labor Housing Loans and Grants, Low - to Moderate - Income Housing Loans, Rural Rental Housing Loans, Very Low - Income Housing Repair Loans, and Water and Waste Disposal Systems for Rural Communities (Loans and Grants).

Food and Nutrition Service

The FNS has two family food assistance programs--the Food Stamp Program (the Food Stamp Act of 1964, Public Law 88-525, 78 Stat. 703) and the Food Distribution Program (Section 32 of Public Law 320, 74th Congress, Section 416 of the Agricultural Act of 1949 and Section 6 of the National School Lunch Act), designed to serve low-income families. USDA-donated foods are also available to nonprofit institutions. The Child Nutrition Programs which include the National School Lunch Program (National School Lunch Act), Special Milk and School Breakfast Programs (Child Nutrition Act of 1966), and the Special Food Service Program for Children (1968 Amendment (PL 90-302) to National School Lunch Act) are also administered by FNS. These programs provide free milk, breakfasts, and lunches to needy children in public and nonprofit private schools, including children in preschool programs operated as part of the regular school system.

A.3. Identification and Description of External Programs, Services, and Activities Presently Providing Direct or Indirect Services to the Mentally Retarded

Agricultural Marketing Service

Occupational Training Center, Washington, D.C.

a. Purpose: Utilize the Center's mentally retarded and other handicapped workers to correlate and assemble kits of publications and apply labels for mailing for the Information Division.

b. Legislative authorization: N/A.

c. Amount of funds allocated: Reimbursement for the service is by purchase order. Approximately $400 and $150 was paid for the service in fiscal years 1971 and 1972, respectively.

d. Calendar year started: 1971.

e. Percent of these funds estimated to be used for mentally retarded: N/A.

f. Approximate number of mentally retarded persons affected by the program: Twenty persons on each order.

g. Organizational unit responsible for administering program: Information Division, Information Media staff.

h. Basic mechanisms for distributing and allocating program funds: N/A.

Smart Shoppers Series

a. Purpose: To provide current marketing and nutrition education information in a simplified form for the low-level and nonreader (25% of the Nation) and those literates who evidence limited comprehension.

b. Legislative authorization: Agricultural Marketing Act--use of Section 32 funds.

c. Amount of funds allocated: Approximately $44,000 for Smart Shopper Food Guide program.

d. Calendar year started: 1970.

e. Percent of these funds estimated to be used for the mentally retarded: Unknown.

f. Approximate number of mentally retarded persons affected by the program: Distributed to every State agency responsible for mentally retarded programs. Probably utilized by 20% of the institutional facilities concerned with the mentally retarded, plus an unknown number reached by caseworkers.

g. Organizational unit responsible for administering program: Plentiful Foods Program staff, AMS.

h. Basic machanisms for distributing and allocating program funds: N/A.

Agricultural Research Service

Human Nutrition Research Division

a. Purpose: Conduct research on human requirements for foods and nutrients and the nutritive value of agricultural commodities with particular reference to their content of vitamins, minerals, amino and fatty acids, and all other constituents that may be found necessary for the health of the consumer.

b. Legislative authorization: Research and Marketing Act of 1946.

c. Amount of funds allocated:
FY 1971 - $2,897,641
FY 1972 - $2,991,852

d. Calendar year started: 1894.

e. Percentage of these funds estimated to be used for mentally retarded: 5 percent.

f. Approximate number of mentally retarded persons affected by the program: Research results will have an effect on all mentally retarded persons.

g. Organizational unit responsible for administering program: ARS, USDA.

h. Basic mechanism for distributing and allocating program funds: Research funds.

Consumer and Food Economics Research

a. Purpose: Develop and direct a national program of basic and applied research to improve diets, levels of living, and home management practices of families. The research program includes measuring food consumption and dietary levels; developing reference tables on the nutritive values of food; formulating nutrition guidelines for education and action programs; identifying factors affecting formation and change of food habits; developing principles and improved procedures for food use in homes and institutions; and analyzing family use of resources and identifying economic problems of families. The results of the research are used to assess the well-being of the population and develop guidance materials such as food budgets, dietary guides, and other aids to help families make the best use of their food, money, and time resources.

b. Legislative authorization: Agricultural Marketing Act of 1946.

c. Amount of funds allocated:
FY 1971 - $1,648,000
FY 1972 - $1,783,200

d. Calendar year started: 1862.

e. Percent of these funds estimated to be used for the mentally retarded: 7 percent.

f. Approximate number of mentally retarded persons affected by program: Results of research may have an effect on all mentally retarded persons.

g. Organizational unit responsible for administering program: Agricultural Research Service, USDA.

h. Basic mechanism for distributing and allocating program funds: Through intramural research projects, extramural research projects (grants), and in providing public information.

Cooperative State Research Service

Federal Program of Cooperative State Research Service (CSRS) and State Program of Agricultural Experiment Stations (SAES)

a. Purpose: Research "...to promote a sound and prosperous agriculture and rural life...and the maximum contribution of agriculture to the welfare of the consumer."

b. Legislative authorization:

Federal: Hatch Experiment Station Act, as amended, 1955 (PL 84-352), plus grants for special research under PL 89-106.

State: Mainly State appropriations.

c. Amount of funds allocated:

	Hatch	PL 89-106	Non-Federal
FY 1971	59,772,000	2,000,000	268,030,112
FY 1972	63,206,000	8,883,000	-

d. Calendar year started: Hatch Act of 1887. Research projects are initiated at the State level at any time and for durations appropriate to the subject. The average duration of a project is about 5 years. Nearly all of the projects included in Table 1 have been initiated since 1965. All except those indicated as new in FY '72 were active in FY '71, and most of these continued during FY '72.

e. Percentage of these program funds estimated to be used for mentally retarded. See Table 1.

f. Approximate number of mentally retarded persons affected by the program: No way to estimate this since the major thrust is toward more adequate development of children, which should in turn help to reduce the number of mentally retarded.

g. Organizational unit responsible for administering program: Federal, CSRS; State, SAES.

h. Basic mechanism for distributing and allocating program funds:

Federal:	Hatch funds by formula to States.
Non-Federal:	Mostly by allocation to specific projects within the State.

Extension Service
Home Economics, 4-H Youth Development, and the Community Resource Development

a. Purpose: The Extension Service provides national leadership in designing, implementing, and evaluating educational programs that will contribute significantly to the development of families and family members, improving the quality of their decision-making competencies and ability to interact effectively with others, and the health of family members.

b. Legislative authorization: Smith-Lever Act.

c. Amount of funds allocated: $97,000,000 in FY '71; $102,000,000 in FY '72.

d. Calendar year started: 1915. The Expanded Food and Nutrition Education Program field implemented in 1969.

e. Percent of these funds estimated to be used for the mentally retarded: No estimate of funds available.

f. Approximate number of mentally retarded persons affected by program: Retarded persons are not accounted for separately, and no estimate is available.

g. Organizational unit responsible for administering program: Extension Service, USDA.

h. Basic mechanisms for distributing and allocating program funds: Primarily, formula grants.

Farmers Home Administration

Farm Labor Housing Loans and Grants

a. Purpose: To provide decent, safe, and sanitary low-rent housing and related facilities for domestic farm laborers.

b. Legislative authorization: Housing Act of 1949 as amended: Sections 514 and 516, Public Laws 89-117 and 80-754, 42 USC 1486 and 1486s.

c. Amount of funds allocated:

FY 1971 - Loans $474,300 Grants $736,550
FY 1972 - Loans $10,000,000 Grants $3,767,000 (Est.)

Table 1. State Experiment Station Projects having some Relevance to Mental Retardation

FY	Subject class	No. of states	No. of projects	% of total funds		Number of projects specifying inclusion of population segments(1)				
				CSRS	Non-CSRS(2)	Low income	Rural	More than one ethnic group	Young children	Pregnant women
71		Relatively directly related to mental retardation(3)								
		11	17	0.1	0.2	9	6	3	16	6
		Indirectly related to mental retardation								
	psych-soc-econ(4)	26	51	0.7	0.17	25	18	9	3	
	nutrition(5)	35	91	1.12	0.48	3		3	5	2
	education(6)	6	8	0.06	0.06	4	2	2	1	
	housing(7)	5	5	0.1	0.01	3	2	1		
72		New projects being initiated								
	psych-soc-econ(4)	8	8	(8)	(8)	2	3	2	4	
	nutrition(5)	20	21	(8)	(8)	1	2	1	1	1
	education(6)	2	3	(8)	(8)	1	1	1		

(1) Project proposals do not always list particular population group(s) to be investigated. Numbers indicate those where these are specified.
(2) State Experiment Station funding included considerably more state than federal monies. Non-federal funding indicated to give better picture of size of program effort.
(3) Includes subjects such as influence of various factors on mental development and social behavior of children, work with disadvantaged and educationally retarded children, and use of music in training physically and mentally handicapped children.
(4) Includes psycho-socio-economic influences on patterns of family living, family stability, development and socialization of children.
(5) Includes nutritional status, nutritional requirements, abnormalities associated with malnutrition, and nutritional value of non-conventional low-cost foods.
(6) Includes levels of education, and development of more effective educational methods and programs.
(7) Includes improvement of low-income housing and influence of housing on human development.
(8) Since allocation of funds to individual projects is done at the state level, the reports do not come in to CSRS until after the end of FY 72.

d. Calendar year started: 1962 (Grants 1966).

e. Percent of these funds estimated to be used for the mentally retarded: 3% ($400,000 - Fiscal Year 1972).

f. Approximate number of mentally retarded persons affected by the program: 700 persons.

g. Organizational unit responsible for administering program: Farmers Home Administration, USDA.

h. Basic mechanism for distributing and allocating program: Through loans and grants as requested by local rural people where feasibility is established.

Low-to-Moderate-Income Housing Loans

a. Purpose: To assist rural families to obtain decent, safe, and sanitary dwellings and related facilities.

b. Legislative authorization: Housing Act of 1949, as amended, Section 502; Public Law 89-117 and 42 USC 1472, Public Law 91-606.

c. Amount of funds allocated:

FY 1971 - Loans $1,362,275,872
FY 1972 - Loans $1,555,000,000 (Est.)

d. Calendar year started: 1950.

e. Percent of these funds estimated to be used for the mentally retarded: 3 percent ($5 million, FY 1972).

f. Approximate number of mentally retarded persons affected by the program: 15,000 persons.

g. Organization unit responsible for administering program: Farmers Home Administration, USDA.

h. Basic mechanism for distributing and allocating program: Through loans as requested by local rural people where feasibility is established.

Rural Rental Housing Loans

a. Purpose: To provide economically designed and constructed rental and cooperative housing and related facilities suitable for independent living for rural residents.

b. Legislative authorization: Housing Act of 1949 as amended, Sections 515 and 521; 42 USC 1485, 1490a.

c. Amount of funds allocated:

FY 1971 - Loans $26,788,690
FY 1972 - Loans $35,000,000 (Est.)

d. Calendar year started: 1963

e. Percent of these funds estimated to be used for the mentally retarded: 3 percent ($1 million, FY '72),

f. Approximate number of mentally retarded persons affected by the program: 6,000 persons.

g. Organizational unit responsible for administering program: Farmers Home Administration, USDA.

h. Basic mechanism for distributing and allocating program: Through loans as requested by local rural people where feasibility is established.

Very Low-Income Housing Repair Loans

a. Purpose: To give very low-income rural homwowners an opportunity to make essential minor repairs to their homes to make them safe and remove health hazards to the family or the community.

b. Legislative authorization: Housing Act of 1949 as amended, Section 504; Public Law 89-117 and Public Law 89-754; 42 USC 1474.

c. Amount of funds allocated:
FY 1971 - Loans $5,492,080
FY 1972 - Loans $10,000,000 (Est.)

d. Calendar year started: 1950.

e. Percent of these funds estimated to be used for the mentally retarded: 3 percent ($300,000, FY 1972).

f. Approximate number of mentally retarded persons affected by the program: 3,000 persons.

g. Organizational unit responsible for administering program: Farmers Home Administration, USDA.

h. Basic mechanism for distributing and allocating program: Through loans as requested by local rural people where feasibility is established.

Water and Waste Disposal Systems for Rural Communities (Loans and Grants)

a. Purpose: To provide basic human amenities, alleviate health hazards, and promote orderly growth of the rural areas of the Nation by meeting the need for new and improved rural water and waste disposal systems.

b. Legislative authorization: Consolidated Farmers Home Administration Act of 1961 as amended, Section 306: 7 USC 1926s.

c. Amount of funds allocated:
FY 1971 - Loans $261,600,000;
" Grants $41,300,000
FY 1972 - Loans $300,000,000
" Grants $40,000,000 (Est.)

Stamp Division, Food and Nutrition Service, works with the State welfare agency and the State welfare agency works with the counties and independent cities.

The local agencies certify low-income individuals and families as eligible to participate in the program, determining the amount they will pay for food stamps worth more, and may issue the stamps to them. The stamps are exchanged for food, except certain imported items, at authorized retail food stores, or in some cases, nonprofit meal delivery services.

The Federal Government pays 100 percent of the value of the bonus coupons (total amount of stamps received less the amount paid by the participant). The Food Stamp Act also provides for matching certain of the costs of the State agency in connection with the administration of the program. The Federal Government pays 62.5 percent of the direct salary, travel, and travel-related cost (including normal fringe benefits) of personnel, including their immediate supervisors, for such time as they are employed in outreach action, in making certification determinations for households other than those which consist solely of recipients of welfare assistance, and for hearing officials.

The Food Distribution Program

a. Purpose: To help improve the nutrition of vulnerable groups and to increase the utilization of agricultural abundances by distribution through constructive outlets--low-income households, schools, and public and private nonprofit institutions of various types.

b. Legislative authorization: Section 32 of Public Law 320, 74th Congress, as amended; Section 416 of the Agricultural Act of 1949 as amended; and Section 6 of the National School Lunch Act.

c. Amount of funds allocated: In Fiscal Year 1971 totaled $581.5 million and in Fiscal Year 1972, $659 million. A small amount of administrative funds is distributed to States on an administrative formula basis to expand and to improve their distribution programs to needy households.

d. Calendar year started: The program had its beginning in the Depression Thirties with major impetus given by Section 32 of PL 320 in 1935.

e. Percent of these funds estimated to be used for the mentally retarded: No estimate of percentage of program funds used for the mentally retarded.

f. Approximate number of mentally retarded persons affected by program: No estimate available of the number of mentally retarded persons affected by these programs.

g. Organizational unit responsible for administering program: The Food Distribution Division of the FNS administers these programs in cooperation with State and local agencies.

h. Basic mechanism for distributing and allocating program funds: See item c. The food is distributed on the basis of the number of needy reached. Economic need is not a factor in school distribution.

The following are the Child Nutrition Programs which are four major programs for providing nutritional benefits for all children, including the mentally retarded:

National School Lunch Program

a. Purpose: To safeguard the health and well-being of the Nation's children and to encourage the domestic consumption of nutritious agricultural commodities and other food.

b. Legislative authorization: National School Lunch Act.

c. Amount of funds allocated: $535 million in Fiscal Year 1971; $797 million in Fiscal Year 1972; plus USDA-donated foods and limited funds for equipment.

d. Calendar year started: The National School Lunch Program was begun in 1946, although earlier programs were initiated through the distribution of USDA-donated foods.

e. Percent of these funds estimated to be used for the mentally retarded: No funds are specifically allocated for the mentally retarded, and no estimate of funds used for this category is available.

f. Approximate number of mentally retarded persons affected by program: Retarded children are not accounted for separately, and no estimates are available.

g. Organizational unit responsible for administering program: The Food and Nutrition Service is responsible for administering the Program in cooperation with State educational agencies. (Where State statutes prohibit administration in nonprofit private schools, FNS administers the Program directly with such schools.)

h. Basic mechanism for distributing and allocating program funds: Formula grants (as specified in the Act).

School Breakfast Program

a. Purpose: To safeguard the health and well-being of the Nation's children and to encourage the domestic consumption of nutritious agricultural commodities and other food.

b. Legislative authorization: Child Nutrition Act of 1966.

c. Amount of funds allocated: $20 million in Fiscal Year 1971; $31 million in Fiscal Year 1972; plus USDA-donated foods and limited funds for equipment.

d. Calendar year started: Initiated on a pilot basis in 1967; full operating authority was received in 1969.

e. Percent of these funds estimated to be used for the mentally retarded: Estimates are not available.

f. Approximate number of mentally retarded persons affected by program: Retarded children are not accounted for separately.

g. Organizational unit responsible for administering program: Administered by the FNS in cooperation with State educational agencies. (Where State statutes prohibit administration in nonprofit private schools, FNS administers program directly with such schools).

h. Basic mechanism for distributing and allocating program funds: Formula grants (as specified in Act).

Special Food Service Program for Children

a. Purpose: To safeguard the health and well-being of the Nation's children and to encourage the domestic consumption of nutritious agricultural commodities and other food. It is designed to improve the nutritional status of both preschool and school-age children.

b. Legislative authorization: 1968 Amendment (PL 90-302) to National School Lunch Act.

c. Amount of funds allocated: $21 million in Fiscal Year 1971; $49 million in Fiscal Year 1972; plus USDA-donated foods.

d. Calendar year started: The Program was started in 1969.

e. Percent of funds estimated to be used for mentally retarded: Estimates are not available.

f. Approximate number of mentally retarded persons affected by program: Retarded children are not accounted for separately, although increasing numbers are being reached through child-care centers.

g. Organizational unit responsible for administering program: Administered by Food and Nutrition Service in cooperation with State educational agencies, except in some States where service institutions must be administered directly by FNS.

h. Basic mechanism for distributing and allocating program funds: Formula grants.

Special Milk Program

a. Purpose: To encourage the consumption of fluid whole milk among children.

b. Legislative authorization: Currently the Child Nutrition Act of 1966.

c. Amount of funds allocated: $93 million in Fiscal Year 1971; $104 million in Fiscal Year 1972.

d. Calendar year started: The Program was started in 1955.

e. Percent of these funds estimated to be used for the mentally retarded; Estimates not available.

f. Approximate number of mentally retarded persons affected by program: Retarded children are not accounted for separately.

g. Organizational unit responsible for administering program: Administered by the Food and Nutrition Service in cooperation with State educational agencies. (Where State statutes prohibit administration in nonprofit private schools, FNS administers program directly with such schools.)

h. Basic mechanism for distributing and allocating program funds: Formula grants.

A. 4. Trends and Projections, Total, and By Programs and Services as Related to the Mentally Retarded

Agricultural Research Service

Human Nutrition Research Division

Research programs are expected to remain the same, within the budget limitations.

Consumer and Food Economics Research

A Nationwide Food Consumption Survey, such as the one conducted in 1965-66, is greatly needed but was not included in the 1972 budget.

Cooperative State Research Service

The traditional orientation of the Cooperative State Research Service-State Agricultural Experiment Station programs has been toward production in agriculture. More emphasis on people-related research has been developing gradually over the past several years. So while the percent allocated to work having some relevance to mental retardation seems small, it is an increase from previous years.

Extension Service

With the realization that inadequate prenatal nutrition plus inadequate nutrition in early childhood affects brain growth, nutritionally deprived children may have 30% to 50% fewer brain cells, which may limit the child in meeting the challenge of schoolwork.

An educational slide presentation now in its final stages of production, entitled "Straight Talk About Pregnancy and Prenatal Care," includes a nutrition supplement. It has been developed by the National Foundation of the March of Dimes with Extension Service cooperating.

Objective is to bring out the facts on pregnancy and help the viewer realize the need for proper medical care of the mother. It emphasizes importance of total health of the mother and child.

The presentation is designed for teaching paraprofessional aides and volunteers as well as general public, but particular attention is aimed at women who least use health-care facilities to help them become more aware of this resource and the necessity of attending a clinic during pregnancy. This slide series will be available to States and will be used in training Extension paraprofessional aides, who in turn will use it with young homemakers.

The presentation was prepared with the cooperation of some leading medical and professional people in the field of prenatal care -- obstetricians, pediatricians, public health nurses, and nutritionists, including Extension Service nutritionists.

Food and Nutrition Service

Unquestionably more of the mentally retarded are being reached with the improvement and dramatic expansion of the programs the past 3 years. Low-income families now have access to a family food program in all but 10 of the Nation's 3,129 counties and independent cities. Combined participation in the food stamp and food donation programs in recent months has exceeded 14 million, more than double that of 3 years ago. And 8.1 million needy school children are now being reached with free and reduced-price lunches compared with approximately 3 million in early 1969.

Funding of the food programs has increased significantly each year, from $1.2 billion in fiscal 1969 to $2.8 billion last year and $3.8 billion this year. The President's budget calls for $4.1 billion next year (fiscal 1973).

Summary Overview

Agriculture Marketing Service

The Smart Shoppers Series is a monthly program bulletin prepared by the Plentiful Foods Program staff for use, adaptation, and local reproduction by teachers, leaders, Extension personnel, caseworkers, newspapers, and those volunteer agencies which conduct food and nutrition education classes.

The bulletin is a "how to" printing master series on buying, preparing, and budgeting for food with simple pictorial portrayals designed for the low-level readers and nonreaders. It is widely used by those concerned with the mentally retarded.

North Dakota State University, in cooperation with with AMS has a program supported by the North Dakota Association for Retarded Children to develop a curriculum for teaching retarded youths and adults and nonreaders the importance of a good daily diet and how to shop for and prepare foods. The Smart Shoppers' Food Guide is being adapted to this program in a three-level system based on I.Q. and ability levels of students. Level I focuses attention on those with I.Q.'s of 30 to 50 without reading ability. Level II is designed for those with I.Q.'s of 50 to 65 with limited reading ability, and Level III incorporates specialized educational techniques for high school students with I.Q.'s of 65-75, as well as with higher I.Q. students whose comprehension abilities are below their reading level. Information supplied by the Smart Shopper Series is pretested in NDSU's Home Economics School before being used by an NDSU student in a one-to-one classroom situation.

A recent survey as to local level reproduction of the Smart Shopper materials indicates 100 times basic issuance (15,000 master sets issued by AMS per month x 100 or 150,000 sets in use nationwide each month). This is augmented by those adaptations made by such groups as the North Dakota Association and local newspapers, plus radio and TV programs which include Smart Shopper information in their programs. An expanding use of the Smart Shopper Series is by caseworkers and health clinic personnel who come in contact with family situations which include known as well as unrecognized members having mental retardation.

Agricultural Research Service

Human Nutrition Research Division

All of the ongoing human nutrition research benefits the mentally retarded because the research has as its goal better health through improved diets and nutrition. Some aspects of the research have more direct relationship. Research at Beltsville initiated in February 1972 by a postdoctoral fellow deals with the effects of maternal protein deficiency on the activity of certain enzymes in developing rat brain. This is part of a program to seek methods to measure protein needs for specific body functions so that the protein needs and status of persons may be more adequately measured. The information also is needed for improving diet recommendations. A study of the influence of kind and level of fat on development, intelligence, and survival is underway at the School of Medicine, University of Nebraska, supported by an ARS research grant.

The Human Nutrition Research Division, in collaboration with the Battelle Institute, sponsored a 2-day symposium, "Early Nutritional and Environmental Influences upon Behavioral Development." The symposium was held in Seattle on December 6-7, 1971. It was attended by approximately 40 nutritionists and experimental psychologists. The conference demonstrated the profound and irreversible effects of malnutrition during critical phases of development; it also indicated promising experimental approaches to study the more subtle forms of malnutrition, such as marginal micronutrient deficiencies. The techniques necessary to study these problems are now available. It is likely that this field will develop rapidly into a very important part of nutrition research.

A series of studies are in progress on the ability of iron from food sources to prevent anemia. The work is being done at Beltsville and under contract. Iron-fortified milk and cereals are being fed in a 2-year study with infants. One study in Boston will give us information on whether increased dietary levels of iron will reduce the extent and severity of anemia in small children. If the method proves to be practical, a large number of children will have a better chance to learn during their early school years. Another study with small children in Seattle is evaluating additional food fortification procedures for increasing the iron content of the diet. Research is underway at Beltsville on factors affecting the nutritional usefulness of iron in food. An average of only 10 percent of naturally occurring iron in food is available to man.

A study of the nutritional deficiencies of trace elements in children and pregnant women is being done in Denver under a research grant. This research has shown that zinc deficiency occurs with some frequency in children. The deficiency is accompanied by poor appetite and growth and altered taste acuity. Disadvantaged learning ability may be expected as a sequel. A recently completed study done in Taiwan and at Johns Hopkins University, Baltimore, had to do with the nutritional needs and status of children born of mothers who had inadequate dietary protein during pregnancy.

Several P.L. 480-supported research grants have a relationship to the mentally retarded, because they are concerned with improving the diets of mothers during pregnancy and of infants and young children.

One grant in Israel is evaluating leaf proteins for their adequacy in improving the protein value of food formulas for use in children's diets. Another project, in India, studies the effect of supplementing the mother's diet on the learning ability and physiological state of the offspring.

Marketing and nutrition research has a unique function in that it furnishes major support to the Committee on Processed Foods (USDA), which is charged "to evaluate proposals for inclusion of specific processed foods in the Department's donation program with the objective of furnishing the most highly nutritious processed foods consistent with needs, budget limitations, cost/benefit ratios, and policies of the Department" (Secretary's Memorandum 1688, 4-22-70).

This work has necessitated laboratory and pilot plant studies on development of formulated foods for use in domestic and foreign donation programs. Purchase specifications are then developed on the basis of these studies.

Among products in our domestic programs resulting from this work are: Iron-fortified farina, instant rice cereal for infants and children, infant formula in dry and liquid forms, and lysine-fortified wheat flour. These products are directed primarily toward improvement of nutrition of infants in poverty-level families.

Future research should give increased attention to the role of diet during pregnancy to the health and development, both mental and physical, of infants and small children. In the past, there were not satisfactory techniques for studying the nutritional needs or status of the child during gestation. Recently, several new techniques have been developed, making it possible to monitor response in the fetus.

Studies of 0-9 months should be included in studies of nutritional response from birth through life. The techniques need skilled scientists, physician participation, and metabolic ward facilities. They will be very expensive, but they may yield the most important advances in nutrition of the next decade.

Consumer and Food Economics Research Division

To help prevent mental retardation of phenylketonuric children, data have been compiled and published on the content of phenylalanine in fruits and vegetables. Failure to control this familial disease is estimated to result in severe mental retardation in 90 percent of affected individuals. The only known method of control is by use of severely restricted diets -- diets that provide only the minimal amount of the amino acid, phenylalanine. As fruits and vegetables are low-protein foods, they are of special importance in the diets of phenylketonuric children; and data on their phenylalanine content are urgently needed. In 1968, data were published on the phenylalanine content of more than 118 fruit and vegetable items. These data showed that phenylalanine accounted for less than 5 percent of the protein in some of these foods. Previously, it was assumed that 5 percent of the protein of all foods consisted of phenylalanine. That some contain less, means that a somewhat greater quantity of these foods can be included in the diets of phenylketonuric children. As a part of a study on the amino acid content of foods, additional data on the phenylalanine content of fruits and vegetables are being obtained.

The 1965-66 Nationwide Food Consumption Survey showed that all age groups of girls and women between 9 and 55 had diets furnishing at least 20 percent less than the recommended allowances of calcium and iron. In addition, some of these age groups had diets providing less than suggested amounts of vitamin A, thiamin, and riboflavin. These deficiencies in pregnant women could have a direct bearing on their health as well as on the health of their children. As a result, a research project was initiated in 1971 to investigate the food intakes and food habits, food purchasing and preparation practices, and knowledge of nutrition of pregnant women in low-income groups in the Los Angeles area; the effect of nutrition education on the above-parameter in the same group of pregnant women; and to evaluate the acceptance of a nutrition education program.

The Nationwide Food Consumption Survey should be repeated as quickly as funds can be made available. Increased emphasis on the diets of individuals, especially the target groups, pregnant and nursing mothers and children, for alleviation of mental retardation would be a specific goal of this survey.

Cooperative State Research Service

There are 51 different research projects presently underway at various State Agricultural Experiment Stations which have possible application to mental retardation. Three projects most relevant to mental retardation in the area of the Effect of Nutrition on Mental and Physical Development and Behavior are: (1) Effect of Nutrition on Mental and Physical Development and Behavior in California -- Sheldon Margen, Doris Callaway, Nutritional Sciences, University of California, Berkeley, California 94720; (2) Effect of Nutrition on Mental and Physical Development and Behavior in Nevada -- Phyllis Acosta, Home Economics, University of Nevada, Reno, Nevada 89507; and (3) Nutrition Improvement in the Northeast Region -- C.O. Chichester, K.L. Simpson, Food and Resources Chemistry Department, University of Rhode Island, Kingston, R.I. 02881.

Other areas of research are: Effectiveness of Educational and Feeding Programs, conducted in 11 States; Teaching Methods, Communication Techniques, etc., in four States; Food Habits, Dietary Patterns, and Nutritional Status of Various Population Groups, in 14 States (e.g., Nutritional Status of Preschool Children from Low-Income Rural and Urban California Families -- R.B. Bradfield, Nutritional Sciences, University of California, Berkeley); Methods of Assessing Nutritional Status, in 4 States; and Nutritional Value and Acceptability of New Foods, in 4 States.

In addition, regional projects are being developed in each of the four regions to improve food practices and nutrition. One of these is focusing on dietary deficiencies characteristic of low-income groups.

Future steps might include information to the several State Agricultural Experiment Stations on the importance of people-related problems and encouragement toward augmented research efforts through reallocation of present funds and/or increases in appropriations.

Also, better liaison and cooperation should be encouraged between researchers in State Agricultural Experiment Stations and industry in the food and nutrition area, so that more attention will be given to nutritional adequacy and acceptability of new forms of low-cost food.

Extension Service

The Extension Service is the educational agency of the Department of Agriculture and serves as the National Office for the Cooperative Extension Service.

This system includes a State Extension Service at each of the 52 land-grant universities and staf staffs in more than 3,150 counties. Cooperative Extension Service involves three levels of government: Federal, State, and county. Through this network of administrative and financial relationships, Extension Service conducts educational programs of significance in achieving local, State, and national goals.

Extension home economics is directing programs to meet the needs of families at all income levels; however, there is an increasing effort to meet the particular needs of the disadvantaged. Many studies indicate that the environment into which an individual is born poses the greatest threat to the child's well-being. Poor housing, poor sanitation, and inferior educational opportunities affect growth and achievement. Moreover, health studies point to the fact that the most damaging factor is that of hunger. It affects resistance to disease and physical and mental growth. There are indications that malnutrition can affect mental development and have a detrimental effect on learning and behavior. In children from 6 months to 6 years, for example, protein malnutrition permanently retards brain growth and brain function.

Expanded Food and Nutrition Education Program

Extension's Expanded Food and Nutrition Education Program employs indigenous program aides -- women from the community -- to teach hard-to-reach poor homemakers how to improve their families' diets, to better use their resources, and to learn new food preparation skills. A large proportion of these families come from minority groups and live in urban areas.

Since field implementation of the program in January 1969, operation has expanded to reach families in almost 1,500 counties, independent cities, and Indian reservations. It is operating in all of 50 States, District of Columbia, Puerto Rico, and the Virgin Islands.

At the end of December 1971, a total of 351,486 program families were participating, including 1,017,098 children. More than 660,000 program families have been enrolled in the program since its beginning -- that is, certain data on the family have been obtained. Altogether more than 2 million families have been contacted or worked with.

From July 1, 1971, to December 31, 1971, 475,558 different youths were involved in the program in 4-H-type activities to improve their nutrition.

State Extension Service Health Programs

Extension home economists in Fairbanks, Alaska, worked with staff and residents of Hope Center for the Retarded with lessons on food preservation and nutrition.

In Anchorage, Extension program aides have established rapport with retarded youth groups, teaching them about food and nutrition.

Florida Extension staff expended 548 man-days in 1971 in conducting and presenting educational programs in family health. Extension homemakers in St. John County planned and carried out a month-long program on prevention of rubella, which often is crippling to unborn children. County health department personnel assisted the homemakers' groups; PTA assisted the health nurse.

During the week of inoculation, over 1,800 students (ages 1-10 years) in 10 county schools and the State School for the Deaf and Blind were inoculated, reaching 76.6% of the children in St. John County.

Other States that have carried out rubella education and immunization programs are Kansas, Louisiana, and Mississippi. Extension Service has assisted in all of these statewide programs that have reached thousands of women of childbearing age and children.

Twenty-nine Extension clubs in an Indiana county toured seven classes of the Comprehensive Association for Retarded (CAR) schools. They recognized and filled the need for sewing machines for trainable classes, and also donated a record player, tape recorder, and tricycle for educable classes.

Several Indiana counties sponsored special summer camps for retarded youngsters, providing an opportunity for them to learn to enjoy nature, recreation, and other camp activities.

Special educational aids have been assembled for use by library, school, or volunteer teachers.

The Extension home economist in Worcester County, Maryland, serving on the board of directors of the local Association for Mentally Retarded, was instrumental in locating a former elementary school building for an activity center for this group of citizens. Parents and friends volunteered to repair the building. A special committee surveyed the county for children, 3-12 years of age, to be served in a day-care program. A recreation committee was appointed. A small group bowled once a week. Girl Scout troops visited at holiday times. Two wheelchairs were donated by two civic groups. A fashion show was staged by girls wearing garments they made; boys exhibited articles they made of wood.

Future plans include formation of a special 4-H project to be carried on with assistance of 4-H agents. Civic groups and many individuals have contributed funds for preparation and use of the activity center. Interest of local citizens and parents of mentally retarded in learning more about these citizens and providing for them has increased greatly.

Community meetings of the "Down's Syndrome Child" were presented by New Hampshire Extension Service in cooperation with the State Division of Mental Health. The homemakers and nurses in attendance were given information about this birth defect and provided an understanding of community responsibility for acceptance of this child and his needs by family, school, and community.

The Texas Agricultural Extension Service has been chosen to guide the State in a mental health and mental retardation education program. The program has been developed through combined efforts of the Texas Department of Mental Health and Mental Retardation, the Texas Agricultural Extension Service, and local citizens' committees. This pilot program reaches 42 counties in three geographic areas. The education program is part of a total program to enhance the services, treatment, and facilities for all Texans with mental health problems.

Numerous States report Extension work with slow learners in special education classes.

4-H Youth Development

Napa County 4-H Council has assisted in the establishment of HOPE 4-H Club of Imola, California. High school 4-H members work on a one-to-one or one-to-two basis with the profoundly and severely retarded members at the State Hospital, with a psychiatric social worker volunteer assisting with 4-H activities.

At the Delaware Governor Bacon Health Center, a home for mentally disturbed youth with varied social and economic backgrounds, 4-H has been offering a Junior Broiler project with 50 chicks donated to the boys. They are learning record keeping, finances, and science as related to their project; and are permitted to sell the chicks and use the profits themselves.

In Hawaii, 22 fourth and fifth grade mentally retarded classes cleared the grounds next to their classrooms for a garden. Extension 4-H youth agents showed each child how to plant, cover, and water the seeds. Students learned about various kinds of vegetables by cutting out magazine pictures of vegetables, and discussed why they need fruits and vegetables for their bodies. Students cooked the vegetables they raised in their class.

One 4-H Club in Kentucky, organized with Special Education group of 4-H Club age, has 30 boys and girls enrolled. Most are from low-income families. These young people are capable of doing work with their hands but are very slow in academic subjects. Projects center around a health project and woodworking such as bird houses, spice racks, and letter holders.

In Minnesota's "Special 4-H Program Helps Retarded Children" more than 3,000 boys and girls have been given the opportunity to participate in 4-H Club work in food and nutrition, health, clothing, woodworking, arts and crafts.

In February 1970, Tioga County, Pennsylvania, Extension Service started a 4-H Club for mentally slow children with 18 members. Six additional clubs have been started, and membership now totals 254 of a potential audience of 300. As attitudes changed, young people were requesting projects.

Teachers selected those capable of participating in and benefiting from the subject matter and 4-H-type activities offered. These included clothing, self-improvement, nutrition, forestry, entomology, and gardening, with boys and girls in separate groups. Definite progress was evident -- 15 girls, age 6-12, learned to operate a sewing machine after a series of four lessons. Boys learned to set pine trees from instructions given, setting 1,000 donated pine seedlings around school and adjoining grounds.

A number of States report special summer camps for children with special needs. Older 4-H members serve as volunteer counselors.

Farmers Home Administration

This is a rural credit agency that administers 20 programs. None of the 20 programs for credit directly provide service to the mentally retarded. This conclusion is reached since (1) none of the programs has as its sole objective the treatment, care, or other assistance for the mentally retarded, and (2) practically all of the FHA credit assistance is in the form of loans and is provided after assurances have been given that repayment capability exists.

To some degree, however, certain of the programs do provide indirect benefits. For example, a loan made to a family to operate or own a farm where there are family members that are retarded might very significantly aid those members, either in alleviation or elimination of the condition.

The programs of FHA in which the indirect effects may be more cogently related to the objective of reducing the incidence of mental retardation are the Water and Waste Disposal Systems for Rural Communities (Loans and Grants), Farm Labor Housing Loans and Grants, Low-to-Moderate Income Housing Loans, Rural Rental Housing Loans, and Very Low-Income Housing Repair Loans. These programs were identified because of the possibility that their implementation could affect envionmental factors that are known to be associated with the incidence of mental retardation.

Food and Nutrition Service

Programs of the Food and Nutrition Service fall into two broad categories: (1) The family food assistance programs (Food Stamp and Food Distribution) and (2) the Child Nutrition Programs (School Lunch, School Breakfast, Special Food Service in nonschool situations, nonfood or equipment assistance, and Special Milk).

The Food and Nutrition Service does not have specific information or estimates on the number of mentally retarded persons who receive USDA-donated foods. Mentally retarded persons may participate, however, in the Food Distribution program for needy households provided they meet eligibility criteria that other persons are required to meet. Pregnant and postpartum women and infants through one year of age medically in need of additional food may receive selected items authorized by clinics participating in the Supplemental Food Program.

Donated foods are available for distribution to public and private nonprofit institutions, hospitals, day-care centers,summer camps, special food service programs for children and Meals-on-Wheels programs to the extent of the needy served by them. Needy mentally retarded individuals in these institutions benefit from this food assistance. Food is also provided to schools serving the mentally retarded through the National School Lunch Program.

The number of mentally retarded persons who receive food stamp benefits cannot be estimated because participation reports provide data only by welfare status.

Mentally retarded individuals, however, may participate in the Food Stamp program provided they meet all eligibility criteria that other persons are required to meet. Elderly mentally retarded persons who are determined to be elible for the program may use their food stamps for meals delivered to their homes (Meals-on-Wheels) provided their mental retardation is disabling to the extent that they cannot prepare their own meals.

None of the Child Nutrition programs are specifically designed for retarded children as separate from other children; however, Congress specifically included nonprofit institutions providing day-care services for all children without restricting the program for either normal or retarded children. In addition, if retarded children attend other types of service institutions participating in the Special Food Service program, they would share in program benefits.

The following are examples of centers and schools for the mentally retarded that receive Federal assistance from programs of the Food and Nutrition Service:

Program:	National School Lunch Program
Examples:	Kent County School for Trainables Camden, Delaware ADA* - 92

Charles W. Bush School
Sharpley, Wilmington, Delaware
ADA -114

R/E** No. 31
Jersey City, New Jersey ADA - 163

R/E No. 32
Jersey City, New Jersey ADA - 504

Alyea School
Newark, New Jersey ADA - 73

E. K. Kane School (R/E)
Philadelphia, Pa. ADP*** - 150

Orange Grove Center for the Retarded, Chattanooga, Tennessee
Three hundred sixty-seven children eating lunch five days a week. School also participate in Special Milk Program.

Peninsula Association for Retarded Children
Sarah Bonwell Hutchins Regional Center, Hampton, Virginia.
Seventy-six children eating a Type-A lunch. This school also participate in the Special Milk Program.

Program: Special Milk Program

Examples: Sumter County Training Center
Americus, Georgia
Twenty-three children receiving milk each day.

Baldwin County Area Association for Retarded Children
Milledgeville, Georgia.
Thirty children receiving milk each day.

*Average Daily Attendance
**R/E - Retarded Educable
***ADP - Average Daily Participation

Walton County Training Center
Monroe, _Georgia_.
Twenty children receiving milk each day.

Lownedes County Association for Retarded Children
Valdosta, _Georgia_.
Twenty-three children receiving milk each day.

South Carolina Department of Mental Retardation
Clinton, _South Carolina_.
Fifteen hundred children in three centers are served milk each day.

Merci Home for Retarded Children
Nashville, _Tennessee_.
Thirty children drinking milk daily.

Peabody Mental Retardation Laboratory
Nashville, _Tennessee_.
One hundred thirty drinking milk daily. This kindergarten-nursery school also receives donated foods.

Lynchburg Area Association for Retarded Children
Lynchburg, _Virginia_.
Twenty children drinking milk.

Manassas Association for Retarded Children
Manassas, _Virginia_.
Forty children drinking milk at this special education day school.

Eastern Prince William Center for Retarded Children
Woodbridge, _Virginia_.
Forty children drinking milk in this ungraded day school.

Program: Special Food Service Program for Children

Examples: Bacon County Board of Education
Alma, Georgia.
Three hundred trainable, mentally retarded children eating breakfast, lunch, and two supplemental meals five days a week.

Glynn Paton Foundation for Exceptional Children
Brunswick, Georgia.
Sixty-seven children eating breakfast, lunch, and one supplemental meal five days a week.

Cheerhaven School
Dalton, Georgia.
Thirty children eating a lunch and one supplemental meal five days a week.

Hi Hope Training Center
Lawrenceville, Georgia.
Sixty children eating lunch and one supplement in this day care and sheltered workshop.

Lucky Duck Nursery
Macon, Georgia.
Thirty children eating lunch and two supplemental meals five days a week.

United Cerebral Palsy of Rome and Northwest Georgia Center for Exceptional Children
Rome, Georgia.
Lunch and one supplement for 16 children.

Wee Care Center, Inc.
Sylvania, Georgia.

Fifteen children eating lunch and one supplement in this day care center for mentally retarded children.

Lownedes County Health Department
Training Center
Valdosta, Georgia.
Ten children eating lunch and one supplemental meal five days a week.

Hope Center for the Retarded
Charleston, South Carolina.
Fifty children eating lunch and two supplemental meals five days a week.

Cerebral Palsy Day Care Center
Greenville, South Carolina.
Eighteen children eating lunch.

Greenville Association for Retarded Children
Greenville, South Carolina.
Fifteen children eating lunch and two supplements five days a week.

Jackson-Madison County Association for Retarded Children
Jackson, Tennessee
Thirty-two children eating breakfast, lunch, and one supplemental meal five days a week.

Memphis School for Mentally Retarded Children
Memphis, Tennessee
Twenty-three children eating lunch and one supplemental meal in this service institution.

Tidewater Association for Retarded Children
Norfolk, Virginia
One hundred eighty children in seven centers eating breakfast, lunch, and two supplemental meals five days a week.

Cheyenne Opportunity School
Cheyenne, Wyoming
Children eating breakfast, lunch, supper, and supplements.

Programs:	Commodity Distribution
Examples:	Southbury Training School State Department of Health State of Connecticut Food Donation program provides commodities for 16664 training school residents.

Pinecrest State School
Pineville, Louisiana

Woodbridge State School
Woodbridge, New Jersey

All of the following examples of centers or schools for the mentally retarded have been approved for cash reimbursement by the Food and Nutrition Service:

St. Louis Association for Retarded Children
St. Louis, Missouri
Six sites; a.m. supplement; ADP - 90 supplements.

New Hope Foundation
St. Louis, Missouri
Supplement in a.m. and p.m. (approved for lunch but not serving); ADP - 16 supplements.

N.D. Association for Retarded Children
Fargo, North Dakota
Five sites. Breakfast, lunch, a.m. and p.m. supplement, supper (not all sites serve all meals). Receiving some nonfood assistance.

Ashtabula County Board of Mental Retardation
Ashtabula, Ohio

Lunch; ADP - 145 lunches.

Franklin County Program for Mentally Retarded
Columbus, Ohio
Fourteen sites. a.m. and p.m. supplement;
ADP - 530 supplements.

Lucas County Board of Mental Retardation
Toledo, Ohio
Five sites. Lunch; ADP - 725 supplements.

Montgomery County Program for Mentally Retarded
Dayton, Ohio

Four sites. Breakfast, lunch (approved for supplemental but not serving); ADP - 800 breakfast, lunch, supplements.

Curative Workshop of Milwaukee
Milwaukee, Wisconsin
Breakfast, a.m. and p.m. supplement, lunch; ADP - 64; supplements, lunch. Receiving some nonfood assistance.

Barron County Association for Retarded Children
Barron, Wisconsin. Supplement, a.m. and p.m.; lunch; ADP - 7 lunch, supplement.

Several developments will help to assure that more of the mentally retarded will benefit from the food programs in the months ahead, even though the actions are not specifically designed for them. These include:

Maximum income eligibility standards under the Food Stamp Program have been increased.

Federal funds are now being made available to help finance State outreach efforts to inform low-income households of the availability and benefits of the Food Stamp program, to encourage volunteers and community groups to organize transportation, etc. The degree of priority given to such factors as major ethnic groups, senior citizens, etc., will be provided.

Simplified certification for the Food Stamp Program is now possible for nonpublic assistance cases. An application may be filled out by the applicant or his authorized representative either in the certification office or may be submitted by mail...and persons unable to come to the office may be interviewed by a home visit or by telephone.

The new food stamp regulations make it possible for handicapped, low-income elderly to use food stamp coupons to buy home-delivered meals provided by nonprofit vendors.

The Food and Nutrition Service in cooperation with volunteer organizations and groups is expanding its Drive-to-Serve Program whereby disabled and elderly low-income persons can have their allotment of donated foods picked up and delivered to their homes.

The Department is currently conducting a survey of its program of food distribution to institutions, and its findings will guide us in evaluating recommendations for increasing the volume and variety of foods and other proposals for improving the program's effectiveness.

Increased numbers of day-care centers and other non-residential child care centers are participating in the Special Food Service Program for Children. While the funds situation in some States does not currently permit expansion beyond last year's level, newly applying centers are being encouraged to participate in the Food Distribution program (donated foods) or the the Special Milk Program, or both.

Evaluation of the USDA Effort for the Mentally Retarded

Many of the USDA programs include special emphasis to serve the mentally retarded and other disadvantaged or high-risk groups. Although none of the various programs administered by the Department are designed primarily to meet the needs of the mentally retarded, the several described here to benefit a considerable number of mentally retarded persons, especially those in the lower income levels.

Some of the programs which are especially beneficial to the mentally retarded include (1) the Child Nutrition programs; (2) the Family Food Assistance programs; (3) commodities for institutional feeding; (4) nutritional research, particularly that research related to mental development; (5) the Expanded Food and Nutrition Education Program; (6) and the preparation of special food-buying guides.

The total effort in nutrition, housing, and education which affects the mentally retarded has rapidly increased in the past 3 years. Continued expansion or improvement in these programs is expected.

DEPARTMENT OF COMMERCE

Overall Mission of the Department

The historic mission of the Department of Commerce is "to foster, promote, and develop the foreign and domestic commerce" of the United States. As a result of legislative and administrative additions, this mission has evolved to encompass responsibility for many Federal programs to promote the nation's economic development and technological advancement.

The Department's programs which have a direct bearing on mental retardation are centered in the Bureau of the Census and the Economic Development Administration. The Census Bureau's activities in this respect result from a presidential directive to develop data on the extend of mental retardation. This topic will be treated separately in the Committee's report and the Department report will be devoted exclusively to the Economic Development Administration.

Unit Identification

The Economic Development Administration is charged with the responsibility of assisting communities which suffer from substantial and persistent unemployment to achieve stable and diversified local economies and improved local conditions by developing new employment opportunities. Participation by EDA in programs for the mentally retarded is justified on the basis of jobs provided in facilities devoted to the training and care of the mentally retarded, and on the beneficial effects of these facilities on local economies.

In its efforts to provide jobs, stabilize local economies, and improve the living conditions of the poor, EDA has the potential to rectify some of the economic depression and social disorganization which, according to "MR '71", are associated with a large proportion of preventable mental retardation. EDA has offered concentrated assistance to Appalachia and to Indian tribes, those groups cited by "MR '71" as having particularly high levels of mental retardation associated with adverse environmental conditions.

External Program-National Children's Center

In FY '71, EDA/OPW assisted the National Children's Center with a grant of $1,907,000 for construction of a new residential and training facility. In FY '72, a public works loan of $1,000,000 was approved so that construction could begin without delay. The facility will be used for: (1) an intensive and comprehensive training program for 250 mildly to profoundly retarded adults and children; and (2) training 100 unemployed high school graduates per year in the various phases of work with the handicapped and child care.

The demand for trained para-medical personnel to fill jobs in these fields is expected to grow very rapidly in the coming decade. The District of Columbia has thousands of handicapped children who do not receive any education or special care of any kind due to the lack of programs, facilities, and trained personnel.

The directors of the Children's Center see their program as being unusual in several ways:

"The National Children's Center was designed not only to serve mentally and developmentally handicapped individuals but to develop innovative, progressive techniques in the treatment and rehabilitation of these individuals. The quality and direction of its programs lead the way to new community understandings, new models for social interaction and new philosophical underpinnings for society's concern for and approach to the problems of the handicapped in general and the care and treatment of the retarded child and young adult in particular . . .

The need to provide a different model for comprehensive service for the multi-handicapped is indeed enormous. For centuries we accepted the removal of the deviant child to a distant institution as an ideal solution. The model the National Children's Center is developing by its service and which it proposes to enlarge as a result of the expansion makes a revolutionary break with this anti-diluvian concept. Our multi-faceted programs are all designed with one goal in mind: to make the mentally retarded or otherwise handicapped young adult part of his community, thereby enabling him to enjoy all its blessings and deliberately burdening him with his communal responsibilities to the best of his ability."

Another element of the Children's Center program is the creation of a training curriculum for paraprofessionals in the new methods required by the trend away from isolated institutions to open, community oriented facilities. According to PCMR, no such curriculum now exists, and there is a desperate need for one.

Suggestions for Future Steps

In many areas, a high proportion of the "hard-core" unemployed and unemployable are the mildly retarded (50-70 I.Q.). Often these people are capable of steady employment under special conditions, such as in sheltered workshops. In areas where there is an extremely high rate of mental retardation, such as Appalachia (17%), EDA may find it worthwhile to supplement other basic grant funds in a project involving a sheltered work environment.

An official of the President's Committee on Mental Retardation has stated that, with increasing awareness of society's responsibilities to the mentally retarded and with the recognition that careful training can bring more of them into the community as workers and as full-fledged social beings, a growth in demand for trained professionals and para-professionals in the M.R. and child care fields of 1,000% in the next few years can be expected. Dr. Friedman of the Children's Center stated in his application that young people from the same poor neighborhoods which produce so many of the retarded are ideal trainees for his programs. Often they can communicate better with the retarded children and have more patience than the professionals. The Children's Center staff is constructing a training program curriculum for para-professionals which will appeal to trainees without academic orientation.

All this suggests a very promising area in which EDA could work to provide high quality, well-paying, rewarding jobs for the unemployed.

DEPARTMENT OF DEFENSE

Foreword

Department of Defense participation in care of the mentally retarded is world-wide. Care is offered through the Medical Departments of the Uniformed Armed Forces. Where indicated special facilities are established within limitations imposed by funds and personnel.

Because of the mission of the Department of Defense and the Medical Departments of the Uniformed Armed Forces this report will differ in format and content from those submitted by civilian agencies. Of necessity it will be general rather than specific in describing the role of Military Medicine in the care of the mentally retarded.

Appropriate use of existing civilian specialized care facilities is deemed proper within the framework of modern Military Medicine.

Dependent Medical Care

Medical care is provided for dependents of active duty military personnel, retired military personnel, and in certain overseas areas, designated civilian dependents.

Care of the mentally retarded constitutes a significant but undetermined part of the dependent medical care program of the Army, Navy and Air Force. General medical care is supplemented, when funds and trained personnel permit, by special treatment facilities such as the various specialties (orthopedics, ophthalmology, physical medicine and physical and occupational therapy), and educational facilities (special classes and/or schools in overseas areas), and use of existing educational facilities in the Continental United States.

In isolated areas, both at home and overseas, where military cannot provide necessary care for the mentally retarded within the existing framework of Military Medicine use is made of the Office for the Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS) located in Denver, Colorado 80240 (1), (2). In 1969 $2,693,099 was spent by OCHAMPUS on care of the mentally retarded for both inpatient, outpatient and educational services. In 1970, the last year for which break-out is available the sum expended was $3,502,000 (3). Thus it is noted that significant amounts are provided for the care of the mentally retarded dependent over and above what is expended annually within the regular medical care program for dependents. No definitive break-out of expenditures within the regular framework of the Uniformed Armed Forces medical departments is available.

Dependent Medical Care for the Mentally Retarded

Beyond the care available in military hospitals and outpatient clinics the Department of Defense is essentially a buyer of services rather than a provider. The purchasing agency is OCHAMPUS. Specific needs of individual patients are met by using the best available civilian agency approved by OCHAMPUS for that particular service. This method provides the best care and is also economical in the same sense that there are not enough mentally retarded dependents to justify the creation within DOD of its own specialized care facilities for the mentally retarded.

The "Children Have a Potential" program (CHAP) of the United States Air Force is an example of what interested volunteers, professional, paramedical and lay persons can do for the retarded. Where sufficient numbers of retarded children exist, the CHAP local group may provide some of the specialized facilities not otherwise available (day care centers, and limited special schooling).

Estimation of Mentally Retarded Dependents

As far as can be determined there is no way of obtaining an accurate estimate of retarded dependents in the Uniformed Armed Forces. Most of the medical and other care provided is given through outpatient facilities where no statistics are kept relating to this group of patients. When inpatients are considered, even though automatic data processing technics are used for coding diagnoses, unless the diagnosis of mental retardation is made these data would not be recoverable.

One is left with the assumption that the military population is no different from the civilian population and that for planning purposes the rate is essentially the same.

Internal Policies

The Civil Service Commission will provide data covering DOD policies regarding the hiring of the mentally retarded, estimates of such individuals currently employed and position classification.

The Department of Defense does not have a specific office designated to serve as advocate for the mentally retarded, nor does it perform any special educational activities related to mental retardation. The Department of Defense does not sponsor any special programs for employees with mentally retarded children or those who wish to provide aid to the retarded.

Department of Defense does not collect any information or data which help to define the size or character of the population of mentally retarded in the United States.

The Future of Dependents in Military Medicine

The present system of providing general medical and certain specialized services, when available, to the mentally retarded has proven satisfactory over the years. The role of Military Medicine differs from civilian medicine in that it is already specialized by definition to "Protect the Health of the Fighting Men" and their families. The nomadic existance of the military family also plays an important role in determining the facilities provided for mentally retarded dependents. Periodic changes of station, relatively small population concentrations with a small inner population of the mentally retarded at each post, and constant changes in Armed Forces strength all argue against expansion of present facilities and for continued use of civilian facilities where indicated through OCHAMPUS.

Summary

Military Medical facilities provide basic and certain specialized medical and other care for mentally retarded dependents. Civilian facilities through OCHAMPUS are used for care not provided. Constant variation in Armed Forces strength argues in favor of continuing the present method and against establishment of DOD specialized care facilities.

Reference

1. AR 40-21
   SECNAVIST 6320.9D
   AFR 168-9
   PHS GEN CIR NO. 6
   CG COMDTINST 6320.2B
   ESSA CO-4

2. DOD PA-3B
   DA PAM 360-505
   NAVPERS 15203B
   AFP 168-1
   NAVMC 2601
   CG-144
   PHS-CCPM Pam - 16
   ESSA CO-3 (Rev 69)

3. COL Raymond O. Lewis, MC
   Director of Professional Services, OCHAMPUS
   Personal Communication dated 24 Feb 72

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

The purpose of the Department of Health, Education, and Welfare is to promote the general welfare in the fields of health, education, and social security. The Department promotes the general welfare of mentally retarded persons through broad programs and specialized efforts within programs which are concerned with research, prevention, social, health, educational, and rehabilitation services, training of manpower, construction of facilities, and income maintenance. Its mission is accomplished through financial support, technical assistance, standard setting, and regulation.

Coordination of Mental Retardation Programs

Coordination is probably the most crucial factor in successful administration of mental retardation programs. This is so because mental retardation cannot be confined to any one health, education, rehabilitation or welfare program or any single disciplinary group. A total program must include a wide range of activities designed to confront the problem of mental retardation simultaneously from many vantage points.

During Fiscal Year 1972, an estimated $735 million will be obligated by the Department of Health, Education, and Welfare for mental retardation programs. These programs cover most aspects of the retarded person's life. They range in diversity from maternal and infant care to income maintenance for the aged retarded. Many agencies of the Department administer programs which affect the mentally retarded; it is extremely important that these efforts be focused and targeted so as to prevent duplication and gaps in program services.

The 1962 Report of the President's Panel on Mental Retardation recognized the importance of coordination both at the national and local levels. The Report further endorsed the concept of a Departmental committee composed of agency representatives advising the Secretary on activities related to mental retardation. The concern of the Panel resulted in the strengthening of the Secretary's Committee on Mental Retardation in 1963. The Committee had previously been known as the Departmental Committee on Mental Retardation, since its establishment in March of 1955.

Over the next several years the mental retardation program of the Department was expanded and extended. In 1968, in a move designed to make the Secretary's Committee more responsive to prevailing needs, the Secretary reconstituted the membership of the Committee. The membership of the Committee had previously been composed of middle level agency personnel. Through the new action the membership was altered and now included the top level executives of the Department with the Under Secretary serving as Chairman. In addition, Regional Office Staff were also assigned to coordinate mental retardation Regional activities.

The mission of the reconstituted Secretary's Committee on Mental Retardation remained the same; i.e., the responsibility for coordination of the Department's programs and activities affecting the mentally retarded.

On January 26, 1972, the Secretary of Health, Education, and Welfare directed the establishment of the Office of Mental Retardation Coordination. This new unit replaces the Secretary's Committee on Mental Retardation and will be responsible for the duties formerly assumed by that Office. Specifically, the Office of Mental Retardation Coordination is responsible for the following activities:

- Serves as a means of coordination and evaluation of the Department's mental retardation activities.
- Serves as a focal point for consideration of Department-wide policies, programs, procedures, activities and related matters relevant to mental retardation.
- Serves in an advisory capacity to the Secretary in regard to issues related to the administration of the Department's mental retardation programs.
- Serves as liaison for the Department with the President's Committee on Mental Retardation.

There will be two coordinating committees under this new Office: Steering Committee: Consists of representatives of the Office of the Assistant Secretary for Health and Scientific Affairs, Social and Rehabilitation Services, Health Services and Mental Health Administration, National Institutes of Health, and Office of Education. This group will be responsible for advice and consultation in the implementation of the Office functions. Mental Retardation Interagency Committee: Consists of representatives of all mental retardation operating programs. Its functions will be to provide a means of communication, information exchange and program development for agency staff concerned with Federal mental retardation activities.

The Secretary has also directed that an interagency coordinating committee be established in each of the Department's Regional Offices. At the present time, the Regional Offices are served by a mental retardation coordinator, located in the Office of the Regional Director. The new committee will be the responsibility of that staff member.

The Office of Mental Retardation Coordination will place special emphasis on coordination of the implementation of the President's proposals to reduce mental retardation, and to minister more effectively to those affected by this problem. To carry out this mandate the Committee plans to evaluate the impact that the Department's mental retardation programs have on the mentally retarded in local communities, to ascertain the extent of coordination of these programs, and to obtain recommendations for necessary improvements in coordination. Special emphasis will also be placed on the development of volunteer programs for the mentally retarded and on programs for the deaf-blind-retarded.

The Office of Mental Retardation Coordination maintains a distribution list of over 10,000 names of persons and organizations which receive publications distributed by this Office and agency publications in the area of mental retardation. The Office of Mental Retardation Coordination has also represented the Department at national meetings of the American Association on Mental Deficiency, the National Association for Retarded Children, and the Council on Exceptional Children. Publications and information were provided by Office staff to delegates during these meetings.

Summary of Mental Retardation Activities

The mental retardation activities of the Department have been arranged according to the following categories: preventive services, basic and supportive services, training of personnel, research, construction, and income maintenance.

Preventive Services

Preventive services are defined as those services rendered as a part of programs designed to reduce the incidence of mental retardation. The major programs in this area are administered by the Maternal and Child Health Service, Health Services and Mental Health Administration. Maternity and Infant Care Projects support programs which provide necessary health care to prospective mothers in high-risk populations. Grants which support screening programs for phenylketonuria (PKU) and other metabolic diseases also are awarded by the Maternal and Child Health Service. Forty-three States have enacted laws related to PKU, most of them making screening for this disorder mandatory. During the past year, approximately 90 percent of the total registered live births in the 50 States and the District of Columbia were screened.

Basic and Supportive Services

Basic and supportive services are defined as those services rendered to or for persons who are mentally retarded.

State health departments and crippled children's agencies use funds administered by the Maternal and Child Health Services for programs designed to: increase the health and welfare services available to the retarded, enlarge existing mental retardation clinics by adding clinic staff, increase the number of clinics, extend screening programs, provide treatment services for physically handicapped retarded youngsters, increase inservice training opportunities, and provide other care services for the mentally retarded.

The mentally retarded receive a variety of services through the vocational rehabilitation program supported by the Rehabilitation Services Administration: medical diagnosis, physical restoration, counseling and testing during the rehabilitation process, assistance in job placement and follow-up to insure successful rehabilitation.

The Health Services and Mental Health Administration, in conjunction with the Division of Developmental Disabilities, Rehabilitation Services Administration, Social and Rehabilitation Service, supports projects for the retarded which have service components of well-integrated comprehensive health and mental health programs.

The Division of Developmental Disabilities supports two programs directed at improving the quality of State institutional care and treatment for the mentally retarded. These programs are the Hospital Improvement and Hospital Inservice Training Programs.

The Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 (P.L. 88-164) was amended October 30, 1970, by the Developmental Disabilities Services and Facilities Construction Act of 1970 (P.L. 91-517). The new Act was designed to provide the states with broad responsibility for planning and implementing a comprehensive program of services and to offer local communities a strong voice in determining needs, establishing priorities, and developing a system for delivering services. The scope of the present program broadened to include not only the mentally retarded but also persons suffering from other serious developmental disabilities originating in childhood, including cerebral palsy, epilepsy and other neurologically handicapping conditions. On December 28, 1971, the Division of Developmental Disabilities issued proposed regulations for the administration of this Act. They are still in the process of being evaluated in light of comments received prior to final issuance.

With the enactment of the Elementary and Secondary Education Act of 1965 (P.L. 89-10) and its subsequent amendments has come a number of new programs and services for the mentally retarded. The mentally retarded have especially benefitted from the provisions of Title VI of the aforementioned act, which provides opportunities for local school districts to develop new and creative programs for all handicapped children. The amendments of 1969 (P.L. 91-230), signed into law April 13, 1970, consolidated all legislation relating to education of handicapped children in Title VI. The Bureau of Education for the Handicapped in the Office of Education administers Title VI, which is now referred to as "The Education of the Handicapped Act."

Training of Personnel

Training programs form an integral part of most of the mental retardation programs of the Department. These programs include support of professional preparation in the following areas: research training in the basic and clinical biological, medical and behavioral sciences; training of professional personnel for the provision of health, social and rehabilitative services for the mentally retarded; inservice training of workers in institutions for the mentally retarded; teachers and other education personnel related to the education of mentally retarded children; and training of personnel in physical education and recreation for the mentally retarded and other handicapped children.

Research

The National Institute of Child Health and Human Development in the National Institutes of Health will support mental retardation research and research training grants to an estimated amount of over $16 million in fiscal year 1972. The National Institute of Neurological Diseases and Stroke, the National Institute of Arthritis and Metabolic Diseases, among other Institutes of the National Institutes of Health, also contribute to mental retardation research. These contributions directly or indirectly extend the efforts of the Mental Retardation Branch of the National Institute of Child Health and Human Development.

The Division of Research in the Bureau of Education for the Handicapped of the Office of Education now supports five Research and Development Centers to focus on the more difficult problems of evaluation, communication, instructional procedures, etc. of handicapped children. Through the combined efforts of Research and Development Centers and programmatic research, definite improvement in instructional procedures may well be realized within the next several years. New systems of dissemination are being built upon the foundations already developed by the Instructional Media Centers and a system of Regional Resource Centers currently being developed. As more funds for research become available, engineering technology will more and more become a part of research supported by this Division. This development has been made possible by the amendment permitting the use of contracts as well as grants for research and development activities. Engineering technology, programmed instruction, and the "systems approach" to education will occupy a major place in the Division's activities in the years to come.

The Rehabilitation Research Branch Program of the Division of Research and Demonstrations in the Office of Research and Demonstrations of the Social and Rehabilitation Service supports a substantial program of research on problems of rehabilitation of retardates. Areas covered include evaluation of aptitudes and abilities, analysis of jobs which the retarded can perform, opening of new occupational areas for the retarded, improvement of counseling techniques, development of new methods of training and job adjustment and evaluation of facilities and programs to assist the transition of the retardate from the institution to community participation. Current programs of research and demonstration are increasingly concerned with new approaches to retardation in ghetto areas, and especially in model city neighborhoods. Emphasis is placed on the coordination and focusing of all relevant community agencies on the problems of the retarded. The Research and Training Centers Division continues to sponsor three Mental Retardation Research and Training Centers. They are continuing to seek out the cause of retardation, to assess the potential for education and rehabilitation, to develop training and remedial programs, to ascertain their actual learning and socialization difficulties, and to develop methods to more adequately motivate the retarded for work.

Research grants administered by the Maternal and Child Health Service support projects directed toward the evaluation of programs and improving the development, management and effectiveness of maternal and child health and crippled children's services. Some examples of support areas include studies of the epidemiology of mental retardation in a rural county, sensory integrative processes and learning disorders, children with congenital rubella, perinatal casualty reports, galactosemia screening, and sensory motor activity in the neurologically handicapped child.

Construction

The university-affiliated facility construction program is administered by the Division of Developmental Disabilities, Rehabilitation Services Administration, Social and Rehabilitation Service.

This construction program is authorized under P.L. 91-517, the Developmental Disabilities Services and Facilities Construction Act of 1970, which supplants in part and expands the old mental retardation law of 1963 to allow for grants to States for planning, construction, administration, and services for the mentally retarded, cerebral palsied, epileptic, and other neurologically disabled individuals. University-affiliated grants are made also to cover the costs of administration and operation of facilities and for the training of physicians and other professional personnel vitally needed to work with the mentally retarded.

As of June 30, 1971, 439 projects for the construction of community facilities for the mentally retarded have been approved. The facilities constructed under this legislation will include a variety of services: diagnosis, treatment, education, training or care of the mentally retarded, including sheltered workshops. The estimated total cost of these projects is over $252 million with an estimated Federal share of $105 million.

Income Maintenance

The Social and Rehabilitation Service administers the five Federally-supported public assistance programs. These programs assist children who are deprived of parental support or care, the needy aged, the medically indigent aged, the needy blind, and the permanently and totally disabled. Mental retardation itself is an eligibility factor only in the category of Aid to the Permanently and Totally Disabled.

The Social Security Administration administers a program which contributes to the maintenance of the mentally retarded through the payment of monthly benefits to eligible individuals.

OFFICE OF CHILD DEVELOPMENT

Introduction

In July 1969, the Office of Child Development (OCD) was established in the Office of the Secretary of HEW to serve as a point of coordination for Federal programs for children and youth, and to act as a national advocate of services for children. Although a major concern of the agency is the preschool child, OCD also plans and develops programs for all children and youth and their families.

The Office of Child Development has two chief bureaus: The Children's Bureau and the Bureau of Head Start and Early Childhood. The Children's Bureau, formed in 1912, was transferred to OCD from the Social and Rehabilitation Service (SRS) of HEW. Head Start, a comprehensive program for disadvantaged preschool children, was launched by the Office of Economic Opportunity in 1965 and delegated by that agency to OCD in September 1969.

While OCD does not directly operate any programs for the mentally retarded, the agency has an overall advocacy and leadership responsibility for all children, including children with mental retardation. In line with this responsibility, the Office of Child Development may plan and recommend programs to deal with mental retardation; develop standards and guidelines for such programs; and provide technical assistance to States and public and private agencies in efforts to help mentally retarded children and youth. OCD also works cooperatively with the President's Committee on Mental Retardation, the Office of Mental Retardation Coordination, the SRS Division of Developmental Disabilities, and other HEW agencies.

A. Children's Bureau

Research and Evaluation Project on Institutional Improvement

The Office of Child Development is financing a $76,000 grant to the Human Interaction Research Institute, Los Angeles, California, for developing strategies to improve child caring institutions. One third of the institutions studied are public and voluntary institutions for mentally retarded children. Site visits have been made to three outstanding institutions for retarded children; their successes noted; and efforts will be made to replicate these successes in other institutions for retarded children.

H.R. 1 Standards for Child Caring Institutions

H.R. 1 includes provision of $150 million for State agency provision or purchase of foster care for children, including foster family and institutional care for mentally retarded children. The Office of Child Development is preparing standards that could be used by SRS Community Services Administration in administering the Act.

National Association of Private Residential Facilities for the Mentally Retarded

OCD participates on the Board of Advisors for an SRS-Rehabilitation Services Administration-Division of Developmental Disabilities project implemented by the National Association which is attempting to gather comprehensive data on services provided by private residential facilities for the mentally retarded.

Social Protections for Children in Public Institutions

The Office of Child Development is preparing a plan for implementing reform in public institutions for children through a system of regular study and evaluation similar to the licensing system for private institutions for children. One fourth of the thrust in this area will focus on public institutions for mentally retarded children. Legal suits may be included to facilitate legislative changes to enable public institutions to comply with some form of annual or other regular evaluation and improvement.

Publications

A day care manual for the handicapped entitled Serving Children with Special Needs is a joint effort of the Office of Child Development, the Bureau of Education for the Handicapped, and the President's Committee on Mental Retardation. The manual is intended as a guidebook for directors and staff of day care programs who are or may wish to include some children with special needs in their program, and as a guide to parents of these children in selecting a day care resource.

Children Today, an interdisciplinary journal published by OCD for the professions serving children, features many articles on retardation, such as research reports and articles on health, education and social services for mentally retarded children, including adoption and foster family care for these children.

B. Head Start

The research coordination efforts of the Office of Child Development include examining present and planned research activities of the agencies of the Interagency Panel on Early Childhood Research and

Development to identify overlapping or duplicating projects, determining gaps in research, sharing information on future plans, and exploring procedures for designing interagency research.

In the area of mental retardation the Office of Child Development through its Information Secretariat has contributed to the coordinating efforts of the agencies within broadly outlined research areas such as the developmental process; effect of primary environmental influences; the effect of community and broader social programs; the global approach and combined and comparative effects; research and methodology; and the study of research planning and dissemination.

The Office of Child Development has been moving increasingly toward the goals of serving handicapped children which had been the policy of Head Start since its inception. That policy states that handicapped children must be given consideration for admission to Head Start classes in the same manner as any other child who meets the economic criteria.

Head Start is developing a new program information system which will help to improve the quality of the program for all children, and especially handicapped or retarded children whose special needs must be recognized and individually met.

The Office of Child Development is now actively developing a collaborative program with the Bureau of Education for the Handicapped to integrate the resources of BEH's 70 Handicapped Children's Early Education Program projects into a number of local Head Start programs. In order to provide appropriate services for a Head Start child who may be emotionally disturbed, OCD is now arranging active collaboration between the Office of Child Development and the National Institute of Mental Health to integrate the resources of NIMH's Community Mental Health Centers into local Head Start programs in the CMHC catchment areas.

OFFICE OF EDUCATION

Introduction

Programs dealing with handicapped children in the Office of Education have been placed under the administrative direction of the Bureau of Education for the Handicapped. The Bureau is responsible for supervising and implementing current and new legislative authorities to provide funds for projects and programs relating to the education, training and research of handicapped children and youth. These children include those who are mentally retarded as well as those who are hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired, and require special education.

The overarching goal for Federal efforts in the area of education for the handicapped is to equalize educational opportunities for handicapped children. Less than 40 percent of the nation's more than six million school-aged handicapped children receive needed special education services.

Five objectives have been adopted for the Federal programs for education of the handicapped:

- To assure that every handicapped child is receiving an appropriately designed education by 1980 (75% by 1977).
- To assist the States in providing the appropriate educational services to 75% of the handicapped by 1977.
- To assure that by the year 1977, every handicapped child who leaves school has had career educational training that is relevant to the job market, meaningful to his career aspirations, and realistic to his fullest potential.
- To assure that all handicapped children served in the schools (75% by 1977) have a trained teacher competent in the skills required to aid the child in reaching his full potential.
- To secure the enrollment of 750,000 (75%) preschool aged handicapped children in Federal, State, and local educational and day care programs.

I. Division of Training Programs

The Division of Training Programs initiates, maintains, and improves programs for the preparation of professional leadership and teaching personnel to educate handicapped children. Divisional programs which are designed to implement this purpose are two-fold in their attack, in that they must provide: (1) classroom supervisory, consultative, and administrative personnel for State and local special education programs; and (2) personnel for higher education institutions responsible for preparing administrative and classroom personnel.

In 1958, Public Law 85-926 was passed by Congress authorizing an appropriation of $1 million per year for the preparation of professional personnel in the education of the mentally retarded. This initial piece of legislation was directed at preparing college and university personnel to staff the then existing programs, and much needed new programs for preparing personnel to work with the handicapped in State and local school systems. Between academic years 1959-60 and 1963-64, 692 graduate traineeships were granted to 484 individuals. The majority of these individuals became college and university professors while others became State and local special education leadership personnel. In fact, a recent survey made of the above traineeship recipients indicated that approximately 75 percent of all programs in mental retardation at colleges and universities are directed or coordinated by these individuals.

On October 31, 1963, P.L. 88-164 was signed into law. Section 301 of this Act amended P.L. 85-926 to: (1) expand the program to include not just the area of mental retardation, but also the areas of the visually handicapped, deaf, crippled and other health impaired, speech and hearing impaired and the emotionally disturbed; (2) allow for the preparation of teachers and other specialists in addition to leadership personnel at the graduate level; and (3) extension downward into the senior year undergraduate levels.

Public Law 85-926 was further amended with the passage of Public Laws 89-105 and 90-170, which expanded and extended the program through fiscal year 1970. Title VI of P.L. 91-230 consolidated all of the prior legislation relating to the handicapped children which the Bureau of Education for the Handicapped administers.

Since P.L. 85-926 was passed in 1958, approximately 30,000 traineeships have been awarded to individuals preparing to work with mentally handicapped children.

Training of Physical Educators and Recreation Personnel

With the passage of P.L. 91-230 the legislation established by P.L. 90-170, Title V, entitled "Training of Physical Educators and Recreation Personnel for Mentally Retarded and Other Handicapped Children," was incorporated in the "Education of the Handicapped Act." The present program, Section 634, Part D of this bill is now entitled "Training of Physical Educators and Recreation Personnel for Handicapped Children."

The Division of Training Programs in an effort to utilize all resources in the provision of quality educational programs for all retarded children has entered into cooperative funding or working arrangements with other personnel training programs in the Office of Education and the Social and Rehabilitation Service.

University-Affiliated Facility Program

The Division of Training Programs in cooperation with the Division of Developmental Disabilities of the Social and Rehabilitation Service, provided support monies to special education components in seventeen university-affiliated facility programs for fiscal year 1971.

The Division supports a special educator on the university-affiliated facility core faculty. The special educator is responsible for instructing medical students, psychologists, social workers, and other related medical personnel as well as students majoring in special education. He serves to effectively integrate special education concepts into the overall interdisciplinary training program of the university-affiliated facility.

Bureau of Educational Personnel Development (Education Professions Development Act - P.L. 90-35).

The Bureau of Educational Personnel Development and the Bureau of Education for the Handicapped have agreed to cooperate in the funding of programs which provide special education training to regular educational personnel who are working with handicapped children. Approximately 15 percent of the funds available under Parts C and D of the above Act will be used in programs to train regular educational personnel, such as counselors, educational technology specialists, teachers and administrators who have an interest or need to become more knowledgeable regarding the problems of the handicapped. Most such projects will operate under the new Educational Renewal strategy. The Educational Renewal strategy is designed to develop mechanisms whereby local schools can receive Office of Education discretionary resources in a comprehensive, long-term plan geared to meet their particular needs.

New Programs - Special Projects

To provide a means for developing new models the Division of Training Programs administers a Special Projects Grant Award Program. The purpose of this program is to plan, to test new models of training, and to evaluate the effectiveness and efficiency of these new models in preparing personnel to work with handicapped children. These grants are designed to provide the wherewithal for the field of special education to develop, implement, and test new approaches for the preparation of personnel to meet current and projected needs in the education of handicapped children.

II. Division of Educational Services

The Division of Educational Services provides direct support to handicapped children through services at the classroom and intermediate levels. The Division offers support to State, regional and local programs to assist in developing and maintaining leadership in the education of handicapped children.

Public Law 85-905, the Captioned Films for the Deaf Law, was passed by Congress in 1958 to provide entertainment films for the deaf. This law has subsequently been amended to allow for training, research, production and distribution of educational material for use by handicapped children. The most recent amendment, P.L. 91-61, passed August 20, 1969, authorizes the establishment of a National Center on Educational Media and Materials for the Handicapped. The Center will provide a comprehensive program of activities to facilitate the use of new educational technology with the handicapped.

Public Law 89-313 was passed by Congress in November 1965, which extended the benefits of Title I of the Elementary and Secondary Education Act to handicapped children in State-operated and

State-supported programs.

During recent years, as local facilities for the handicapped have increased, State schools have found the composition of their resident populations changing from the mildly handicapped to large percentages of children who are severely mentally retarded, and those who have serious handicaps in addition to mental retardation. Model and pilot programs for these types of children have been conducted under P.L. 89-313 in many States.

During 1970, Public Law 91-230 incorporated the former Title VI-A of the Elementary and Secondary Education Act, into Part B of the Education of the Handicapped Act. This program is a State plan program which provides support to local education agencies through their State Departments of Education.

Of the approximately 75 million children in this country, more than seven million, including about one million preschoolers, are handicapped. This means that more than one child in ten is either mentally retarded, hard of hearing or deaf, visually impaired or blind, emotionally disturbed, crippled or in some way health impaired. At present, it is estimated that less than 40 percent of these children are in educational programs designed to provide for their unique learning characteristics.

As part of a comprehensive effort to demonstrate innovative approaches to solve the needs of handicapped children, Title III of the Elementary and Secondary Education Act as amended in 1968, mandated that 15 percent of its project funds be set aside for special education programs for the handicapped.

P.L. 91-230 (formerly P.L. 90-247) provides for the development of regional centers and services for deaf-blind children under Part C, Title VI "Education of the Handicapped Act." The law permits use of the funds for deaf-blind children with additional handicaps, including those who are mentally retarded.

The Handicapped Children's Early Education Program (P.L. 91-230, Part C, formerly P.L. 90-538) supports the establishment and operation of model preschool and early education projects designed to demonstrate a variety of effective approaches in assisting handicapped children during their early years. These projects will be distributed strategically throughout the country and the long-range objective is to provide visible, accessible models so that public schools and other agencies may replicate their programs.

III. Division of Research

The Division of Research promotes and supports research and related activities which show promise of leading to improvement in educational programs for handicapped children. Support is available for research, dissemination, demonstration, curriculum, and media activities, and for support of Regional Resource Centers.

The program now administered by the Division of Research was initiated during fiscal year 1964 under Title III, Section 302 of Public Law 88-164. The scope and flexibility of the program have been extended through amendments to this basic authorizing legislation in Public Law 89-105, Public Law 90-170, Public Law 90-247 and Public Law 91-230.

The Division currently supports a variety of research and related activities relating to the education of mentally retarded children. A major applied research program is involved in a number of studies on the effects of teacher behavior on pupils, and on ways of establishing desired teacher behaviors. Another major program is investigating methods of optimally matching learning characteristics of retarded children with various teaching methods and environments. A comprehensive program of curriculum development activities is currently being supported by the Division. The correlated program includes projects on reading, mathematics, social studies, physical education, academic readiness, and science, each designed to produce both curricula and teaching materials for educable mentally retarded children. An additional project is developing social living and prevocational training materials designed for trainable children.

Under the Regional Resource Center program, each center should provide a bank of advice and technical services upon which educators in a region could draw in order to improve the education of handicapped children. The primary task of a center would be to focus on the special education problems of individual handicapped children referred to it. Each center should provide testing and educational evaluation of the child, and in the light of this evaluation could develop a program of education to meet the child's particular requirements. Working closely with the handicapped child's parents and teachers, each center could then assist the school (or other appropriate agency) in providing this program, periodically re-examining and re-evaluating the program, and making any adjustments which are necessary to keep the program responsive to the educational needs of the handicapped child.

Additional efforts of a more general nature have important implications for retarded as well as other handicapped children. One of the most critical projects currently being supported is investigating the re-integration of handicapped into regular education programs.

Through fiscal year 1971, funds under the Library Services and Construction Act, Title IV-A are for the purpose of establishing and improving State institutional library services. Residential schools for the handicapped, including the mentally retarded, may be included in a State plan if these schools are operated or substantially supported by the State. Funds may be used for providing books and other library materials as well as other library services to students in such residential schools under an approved State plan.

This program has acted as a stimulus to the States to expand, initiate and integrate library services as an important component in the educational development of the State institutions for mentally retarded. Library services have been established where none existed and existing services have been expanded and worn collections have been updated to include multi-media materials and equipment carefully selected to meet the needs of the mentally retarded.

Beginning in fiscal year 1972, the Library Services and Construction Act provides library services to State institutionalized persons and physically handicapped persons under Title I.

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Introduction

The Health Services and Mental Health Administration provides leadership and direction to programs and activities designed to improve physical and mental health services for all the people of the United States and to achieve the development of health care and maintenance systems adequately financed, comprehensive, interrelated, and responsive to the needs of individuals and families in all socioeconomic and ethnic groups.

More specifically, the Health Services and Mental Health Administration collects, analyzes, and disseminates data on births, deaths, disease incidence, health resources, and the state of the Nation's health. It plans, directs, and coordinates a national effort to improve the physical health of all Americans through the development of services to promote and sustain physical health, and provide care and treatment for physically ill persons. Similarly, it strives to improve mental health by developing knowledge, manpower, and services to promote and sustain mental health, prevent mental illness, and treat and rehabilitate mentally ill persons.

National Institute of Mental Health

The National Institute of Mental Health supports a limited range of research and training projects in the field of mental retardation. Although these programs have largely been transferred to other agencies, many of the ongoing activities of the National Institute of Mental Health relate directly or indirectly to mental retardation. For the Fiscal Year 1971, forty-nine research and training grants, primarily focused on mental retardation, exceeded $3,000,000.

Research

Major research projects directly related to the field of mental retardation include studies of cognition and the learning process; the development of educational techniques and the evaluation of treatment modalities; identification of psychosocial variables.

Training

For the Fiscal Year 1971, the Institute supported 126 training programs in mental retardation for the mental health disciplines, including continuing education. Programs range from residency training of psychiatrists to those for clinical psychologists, child psychiatrists, psychiatric social workers, psychiatric nurses, special training for pediatricians, internists and general practitioners, and new career workers. The programs are intensive as well as comprehensive, varying in design according to the orientation and associated facilities of the sponsoring institution.

Maternal and Child Health Service

Maternal and Child Health Service programs designed to meet the needs of children with mental retardation or developmental delay have demonstrated continued growth in three major areas: 1. Basic health and supportive services; 2. Preventive services; and 3. Training of personnel to deliver these services.

Through programs supported with earmarked portions of MCH and CC funds, States are demonstrating both the unique and specific contributions which can be made on a State and local level in evolving balanced services for retarded children and those handicapped children who show a developmental lag.

Through the mechanism of basic formula and special project grants, new and better ways of meeting need and delivering care have been demonstrated. Because of the demonstration nature of the programs, they do not provide total services for an area or community.

I. Basic Health and Supportive Services

Maternal and Child Health Services

Section 501, Title V, Social Security Act, authorizes annual formula grants to the States to extend and improve health services for mothers and children, especially in rural areas.

These are basically programs to improve nutrition, prevent ill health and infectious disease, to safeguard the period around pregnancy, and to minimize health hazards by identifying them as early as possible. State maternal and child health programs included some of the following services for fiscal year 1970:

Maternity services to 529,000 mothers.
Well Child Conferences, serving 1,473,800 children.

Hospital inpatient care for 44,000 infants born prematurely.
Nursing services to 2,391,000 children.
Dental treatment for 736,392 children.
Vision screening for 8,996,000 children.
Audiometric testing for 5,816,000 children.
Dental screening for 2,472,000 children.
Children received over 15 million basic immunizations.

Crippled Children's Services

Section 501, Title V, Social Security Act, authorizes annual formula grants to the States to find children who are crippled or who are suffering from conditions leading to crippling, and to provide them with medical, surgical, corrective and other services.

A total of 491,855 children, or slightly more than 6 out of every 1,000 children in the population, received physician's services under State crippled children's programs in 1970. Nearly 34 percent of the children seen were new patients.

Children between 5-9 years of age comprised the largest users of the program (30.1 percent), with the next largest groups those between 1-4 years (25.7 percent) and 10-14 years (22.9 percent).

Congenital malformations accounted for a fifth of all conditions noted, and more than 18 percent of the children served were reported to have multiple conditions.

Clinical Services

Clinical services for mentally retarded children operating in all but three States include diagnosis, evaluation of a child's capacity for growth, the development of a treatment and management plan, interpretation of findings and counseling of parents, and follow-up care. Mental retardation clinic services were provided for over 60,000 children through 243,000 clinic visits in 154 clinics supported by MCHS funds during FY 1971.

Children are being seen at these special clinics at an earlier age as a result of multiple screening procedures carried out by the State maternal and child health programs. Approximately 30 percent of the children seen in clinical programs were 5 years of age or under, and 3 out of every

4 children seen were under 10 years of age.

New patients numbered 28,000. These clinical programs fulfill a major function of "unlabeling" children referred as mentally retarded. Slightly over 8,500 children were found not to be retarded.

Multiply-Handicapped Children's Clinics

Ten specialized clinical programs for multiply-handicapped children provide comprehensive services for children with a multiplicity of handicapping conditions including mental retardation. They are models for the type of staffing and services required to meet the total needs of children in a single setting.

Genetics Program

Projects supported with earmarked CC funds provided cytogenetic and biochemical laboratory services as extensions of clinical services at hospitals or medical schools. On the basis of these analyses, counseling is given to parents seeking advice on genetic questions.

II. Preventive Services

Maternity and Infant Care Projects

Section 508, Title V, Social Security Act, authorizes grants for projects to help reduce the incidence of mental retardation and other handicapping conditions caused by complications associated with child-bearing and to help reduce infant and maternal mortality by providing necessary health care to high-risk mothers and their infants.

Maternity and Infant Care projects were located in 35 States, the District of Columbia and Puerto Rico. While more than 60 percent of the Maternity and Infant Care projects serve cities of 100,000 or more, projects are also located in rural and urban-rural populations in such States as Alabama, Georgia, Florida, Arkansas, Idaho and others. All the projects serve localities which have shown higher infant and maternal mortality rates than the Nation as a whole.

According to provisional data, a total of 141,000 new maternity patients were admitted to the M & I projects during FY 1971, representing a 9.6 percent increase over 1970, with about 60 percent of women admitted for care being black.

Inborn Errors of Metabolism

Phenylketonuria (PKU), an inborn error of metabolism, has in the past been responsible for 1 percent of the population in the State institutions for the mentally retarded. By detecting families with the condition and by providing young infants with the condition with a special diet, mental retardation usually can be prevented. MCHS works with State health departments in developing the necessary laboratory facilities and assisting States to provide special diets and follow-up services for these families.

During the past year, approximately 90 percent of the newborns in the 50 States and the District of Columbia were screened. This screening effort by the States turned up approximately one confirmed case for every 16,000 live registered births.

MCHS is continuing to support a study of the clinical application of screening tests to detect galactosemia, maple syrup urine disease and histidinemia. Support is also being given to studies of new approaches to broader screening methods which would make available a battery of automated tests for detecting metabolic diseases.

Lead Poisoning

In addition to activities planned by the Bureau of Community Environmental Management under authority of P.L. 91-695, the States, supported by Maternal and Child Health Service grants, continue to carry out a considerable program of identification, treatment and management of children with lead poisoning.

Rubella

Many of the babies born with birth defects resulting from the rubella outbreak of 1964 and 1965 are showing evidence of mental retardation or other handicaps. States are encouraged to use MCHS funds to complete the immunization of children against rubella as part of the national campaign spearheaded by the Center for Disease Control.

III. Training

Under Section 511, Title V, Social Security Act, grants are made for the training of personnel in health care and related services for mothers and children, particularly mentally retarded children and children with multiple handicaps.

Training activities are also supported by funds authorized under Sections 503 and 504 of Title V for projects which may contribute to the advancement of maternal and child health and crippled children's services.

University-Affiliated Centers

The program designed to provide comprehensive multidisciplinary training of specialists who will work with the handicapped and retarded is based on a concept of multi-agency funding and multi-departmental university participation. It had its beginning in 1963 under P.L. 88-164, which authorized Federal support in the construction of facilities to house such training efforts. At many of the universities that applied, MCHS was already involved in the funding of clinical services.

In 1965 this role was expanded to include support for faculty and students in the health services component of the training programs.

During 1971 four additional programs, at the Children's Hospital in Boston, Georgetown University in Washington, D.C., the University of Colorado Medical Center in Denver, and the University of California at Los Angeles, were approved for funding of care faculty and the development of multidisciplinary training programs under Section 511. There is now a total of 19 programs in operation. In 1971 five of the operating programs moved into new facilities designed specifically for their use at the Universities of Miami, Tennessee, Oregon, North Carolina, and Indiana.

The long-term trainees on MCHS stipends in University-Affiliated Centers during FY 1971 included: psychologists, 50; pediatricians and obstetricians, 47; medical social workers, 45; speech pathologists and audiologists, 38; pedodontists, 15; nurses, 8; occupational therapists, 7; physical therapists, 7; psychiatrists, 6; nutritionalists, 5; geneticists, 1; administrators, 1.

Bureau of Community Environmental Management

Thousands of small children throughout the Nation today are victims of lead-based paint poisoning. Each year, the effects of this disease continue to cause the deaths of many children and mental retardation or other neurological handicaps in many other children. It is estimated that up to 600,000 children each year are afflicted with high blood lead levels and lead poisoning, of which 6,000 will be permanently handicapped by physical and mental impairments. In addition, an estimated 150 children each year require lifetime institutionalization or care as a result of severe mental retardation from lead-based paint poisoning.

The BCEM has developed guidelines for the operation of effective local programs to control lead poisoning in children and these guidelines were distributed to over 100 communities. In addition, the Bureau initiated testing of a micro blood lead detection technique which uses only one or two drops of blood instead of a full needle, is much less expensive and troublesome than former methods, and will enable large scale lead poisoning detection programs. Project grants in 1972 will support the initiation of lead poisoning control projects in 13 to 15 cities to support 775,000 screenings of children currently at risk of having or acquiring lead poisoning and limited treatment on an emergency basis.

Center for Disease Control

Rubella Immunization

In 1964 and 1965 a major rubella epidemic occurred in the United States, and was responsible for the birth of approximately 20,000 children with congenital rubella syndrome. The economic cost from this pandemic is estimated to be $1.5 billion. Most of these costs were for special educational services, institutional care for retarded rubella babies, and direct medical care for the diagnosis and treatment of children with congenital rubella syndrome.

Following the licensure of a live rubella virus vaccine in 1969, the Center for Disease Control provided the leadership in coordinating a nationwide rubella immunization program supported by Federal grants. The initial emphasis was placed upon immunizing young school age children, who are the primary reservoir of rubella virus and most responsible for its spread in the community. Further vaccination of preschool children and of susceptible non-pregnant postpubertal women is recommended.

More than 70 percent of the primary target group has now been immunized against rubella. Total rubella immunizations as of December 31, 1971, now approximate 32 million. Over 25.1 million of these were administered in public immunization programs.

The number of reported cases of rubella has declined substantially each year since introduction of vaccine.

Measles Immunization

The number of measles cases reported during the 1970-1971 epidemiological year exceeded 77,000 and was almost double the number reported in 1969-1970. Data from the 1970 U. S. Immunization Survey indicated that the measles immunization level had decreased from its 1969 level.

During 1971, funds were redirected permitting the Center for Disease Control to support State and local health agencies in measles control programs. As a result, the distribution of measles vaccine increased significantly during 1971. A total of 6.0 million doses were distributed in 1971, the largest number for any year since 1967 and a 23 percent increase over 1970. The Center for Disease Control distributed more than 3 million doses of measles vaccine in 1971.

This increase in measles vaccine distribution coincided with a decrease in the incidence of measles. The number of reported measles cases during the first 16 weeks of the 1971-1972 epidemiological year decreased 42 percent from the number reported during a similar time period one year ago.

In addition, data from the 1971 U. S. Immunization Survey indicated that the immunization level against measles increased significantly from its 1970 level. This increase was most striking among preschool age children residing in poverty areas of large cities, where the level of immunization increased by more than 18 percent in one year.

There are still many areas in the United States where satisfactory immunity levels to measles have not been achieved. For the disease to be controlled in the United States the immunity level should be increased to 80-90 percent for all preschool and young school age children and sustained at that level. When this has been achieved, measles will no longer be a major public health problem and measles encephalitis with its associated mental retardation should occur only rarely, if at all.

Western Encephalitis

The Center for Disease Control conducted a follow-up study in Hale County, Texas, on the residual serologic effects of western encephalitis. The study consisted of extensive serologic, psychologic, and intelligence testing to ascertain the presence of abnormalities, particularly with reference to learning ability. The results show that 12 of 35 persons with western encephalitis suffered residual brain damage. Nine of the 12 cases with sequelae were less than one year old and eight had moderate or severe brain damage. Three of these required institutional care and three others were almost totally disabled. This indicates a high risk of severe brain damage for any children under one year of age who have western encephalitis. The estimated long-term cost for a single epidemic year of encephalitis in Hale County exceeds $300,000.

Quarantine Activities

Mental retardation is one of the conditions specified in the Immigration and Nationality Act causing an alien to be considered ineligible to receive a visa except under waiver. The intent of the waiver provision of the law is to keep families together, and the mentally retarded person is eligible only if certain close family relationships exist with someone already legally admissible. The Center for Disease Control is responsible for the review of findings in such cases and the decision on waiverability and on the suitability of proposed care. Care is provided by specialists or by appropriate public or private facilities.

For those mentally retarded aliens admitted to the United States, the Public Health Service reviews arrangements for care in this country.

Semiannual reports showing the level of care and progress are required and kept on file at the Center.

Indian Health Services

Prevention of Organically-Based Mental Retardation

The prevention of mental retardation caused by organic factors is best accomplished by continuous, comprehensive, and high quality medical care of postnatal periods. The Indian Health Service, through its efforts to provide high quality, comprehensive medical care to its beneficiaries, is reducing the incidence of organically-based mental retardation.

The Indian Health Service provides comprehensive medical care during the prenatal, intrapartum, and postnatal periods.

In the 47 Indian Health Service general hospitals which operate obstetrical services, comprehensive prenatal and neonatal care is given specifically to reduce the incidence of mental retardation. Phenylketonuria (PKU) tests are performed on newborn infants.

Where genetic counselling is indicated the Indian Health Service attempts to provide it.

The Indian Health Service has increased the number and frequency of maternal clinics for Indian mothers during the prenatal period and has also expanded its measles and rubella immunization programs for Indian and Alaska Native children.

The Indian Health Service through its initiation of a nurse-mid-wifery program in Alaska and another one in Arizona, is fully utilizing all possible health staff in the prevention of mental retardation through improved care of expectant mothers and newborn infants.

An active family planning program is conducted by the Indian Health Service. Nineteen percent of the Indian women ages 15-44 were provided family planning services in 1971.

Indian Health Training Program

The Indian Health Service conducts physician residency training programs in pediatrics in its hospitals in Phoenix and Anchorage. This includes clinical training in the prevention, diagnosis, treatment, and rehabilitation of mental retardation.

The Indian Health Service continues to provide both in-service and out-of-service training in maternal and child health nursing to ensure continuity of service from hospital to home and community. An average of 12 nurses are trained each year.

Health Care Facilities Service (Hill-Burton Program)

Mental retardation facilities have been eligible for and have received construction assistance from the Hill-Burton program since its inception twenty-five years ago. Up until the passage of the "Mental Retardation Facilities Construction Act" (1963) - P.L. 88-164, Title I, the Hill-Burton program was the primary source of Federal assistance for retardation construction. Since the advent of the specific construction programs for retardation facilities, the Hill-Burton program has been acting primarily as a backup resource for construction aid. As of June 30, 1971, a total of 90 retardation facilities have been constructed. Hill-Burton personnel in both the regional H.E.W. offices and in the State Hill-Burton agencies have provided expert consultation to the retardation facility programs and to many retardation project sponsors or potential sponsors.

NATIONAL INSTITUTES OF HEALTH

Introduction

As the primary health research and research support arm of HEW, the National Institutes of Health recognizes its responsibility to help provide solutions to the problems of the estimated 6 million mentally retarded in this country. The search for solutions embraces investigations into the causes, means of prevention, and methods for amelioration of mental retardation. The solutions are concerned with biological, psychological and social factors, acting singly and in interaction, as these shape the course of individual development over the life-span.

Because of the magnitude and complexities of the

87

problem of mental retardation, it is not unexpected that two Institutes at the National Institutes of Health have a major and direct interest in this problem and give wide support to research and training activities in this field. These are the National Institute of Child Health and Human Development and the National Institute of Neurological Diseases and Stroke. Moreover, fundamental research conducted by other Institutes and Divisions of the National Institutes of Health contribute substantially, though less directly, to the ultimate resolution of the problem.

The National Institute of Child Health and Human Development's activities are authorized by the Public Health Service Act, as amended, Sec. 301 (c), 308, 394, 402(d), 412(g), 422(c), 433(a), and 444. National Institute of Neurological Diseases and Stroke activities are authorized by the Omnibus Research Act, P.L. 692, Sec. 431 and Sec. 432, 81st Congress, Act 1, 1950, as an amendment to PHS Act, P.L. 410, 78th Congress, 1944.

I. Training of Personnel

It is clear that while research is making progress in supplying information to clinicians of all kinds, a great deal more research remains to be done. A broad attack embracing all the biomedical sciences from fundamental molecular biology through biochemistry, neurophysiology, genetics, epidemiology, pathology, obstetrics, pediatrics on through psychology, sociology and special education must be continually maintained if the ultimate goals of maximum prevention, cure and amelioration are to be attained. This means training of competent investigators with deep knowledge of their primary field plus indoctrination into the special problems of research in the area of mental retardation.

A. National Institute of Child Health and Human Development (NICHD)

The need for more research workers in all fields and disciplines, with primary interest in mental retardation, remains critical. Research training grants which provide support for student stipends, faculty salaries, and necessary equipment and supplies for teaching and research are the primary mechanisms used for stimulating additional training. These training grants provide training in basic biomedical research, clinical research and behavioral research. In addition to trainees directly involved in receiving stipends from these programs, a large number of other scholars also benefit from the existence of the specific programs through participation in seminars or courses and use of facilities established for or by the training program. Trainees range from pre-doctoral candidates through post-doctoral trainees with several years of professional experience.

In addition, fellowship and research career development awards cover basic biology, clinical medicine, and behavioral studies.

B. National Institute of Neurological Diseases and Stroke (NINDS)

While the training program of the National Institute of Neurological Diseases and Stroke is not specifically and exclusively directed towards mental retardation, it is directed toward the development of competent clinical and basic research scientists in the fields associated with the diseases of the nervous system. These disciplines provide the basic tools required for any serious attack on the problem of organically-based mental retardation. Particularly important are the Institute programs for the research training in pediatric neurology, the specialty often required to make the initial diagnosis of mental retardation. Training programs in speech pathology and audiology are fundamental to therapy in the mentally retarded and receive strong support from the Institute.

II. Research

A. National Institute of Child Health and Human Development (NICHD)

The National Institute of Child Health and Human Development sponsors research over a broad range from almost every branch of the physical, biological, psychological, social and clinical sciences. These investigations are concerned with the etiology, epidemiology, pathophysiology, diagnosis, prevention and amelioration of mental retardation. Of primary Institute concern are fundamental inquiries into the causes and means of preventing mental retardation through research into the biological and behavioral processes which may be influential in the development of this disorder. The Institute's research attack on this complex disorder is implemented through a program of research grant support, the creation and support of special research facilities and resources, the dissemination of scientific information through support of scientific conferences, and contract support of research designed to accomplish specified research objectives.

The attack on mental retardation has been strengthened by the development of twelve special research facilities. These Mental Retardation Research Centers were designed to conduct broad interdisciplinary research and to move promptly to apply the results in service programs to prevent mental retardation or help those already afflicted.

These twelve centers provide the major research thrust of our Nation's efforts to combat and prevent mental retardation and related disorders of human development. All but one of the centers have completed their construction and nearly all are fully operational. Collaborative and interdisciplinary research and research training programs are evolving as laboratory space is occupied and scientific exchange is enhanced.

NICHD-supported scientists are making progress in a wide variety of investigations. These include:

- Intensive study of metabolic abnormalities in storage disorders which has made prenatal diagnosis and therapeutic abortion possible.

- Study of dietary therapy in PKU indicating it must start in the first three weeks of life and may be discontinued after average treatment time of 50 months.

- The development of a screening instrument for early detection of handicapped children which may be used by health aides in poverty areas.

- Studies in intrauterine undernutrition and the nutritional status of migrant children.

- A simple, quick, and accurate method to identify each human chromosome will make diagnosis of chromosomal defects more precise.

- Kidney transplantation may provide a possible means of controlling certain inborn errors of metabolism.

- The development of an automated system of chromosomal analysis using computer technology.
- Modification of available measures and development of new procedures to assess the relationship between hearing impairment and language disability.

The National Institute of Child Health and Human Development disseminates scientific information through scientific conferences. Institutes were held on Antenatal Diagnosis, Human Sexuality and the Retarded, and Methodological Approaches to the Study of Brain Maturation and Its Disturbances.

B. National Institute of Neurological Diseases and Stroke (NINDS)

One of the Institute's major efforts which has great interest for mental retardation research is a collaborative project with 14 cooperating institutions investigating the prenatal, perinatal and postnatal factors relating to the development of children. The Collaborative Perinatal Research Project of the NINDS has made and recorded detailed observations on some 58,000 pregnancies. Most of the surviving children have been given a series of tests until eight years of age, or at least through the first year of school.

The study is producing information about the distribution of characteristics such as serum immunoglobulin levels, the consequences of elevated neonatal bilirubin levels, the distribution of physical and intellectual measurements, and the frequency of certain abnormal conditions. The importance of low birthweight as a determinant of perinatal death, neurologic abnormality, and intellectual development has been one of the study's key findings to date.

Some 500 papers have come out of the study, which was begun in 1959, and the first major publication, a volume entitled The Women and Their Pregnancies, will be out within the next few months. A second major volume, also in preparation, will describe the infants, their nursery characteristics, and medical and developmental events during the first year of life.

Among the 1,500 genetic disorders which can afflict man are the inborn errors of metabolism usually due to a missing or faulty enzyme. Of the approximately 200 known inborn errors of metabolism--many of which cause severe mental retardation and often early death--about 40 can now be diagnosed before birth by tests on the amniotic fluid and its cells.

Although only a small number of these disorders are amenable to therapy, many of them are preventable through genetic counseling because prenatal diagnosis and carrier detection are possible.

All of the nine known lipid storage diseases, for example, can be diagnosed through study of the amniotic fluid because of the sophisticated and pioneering biochemical research of NINDS intramural scientists and grant-supported investigators. This group of disorders--which includes Tay-Sachs disease--often cause severe mental retardation.

Research in this fruitful area is continuing to discover how early in uterine life the disorders appear and how they affect the central nervous system to cause mental retardation. Such studies have already given clues on potential treatment for some of the disorders. Other research is aimed at perfecting prenatal diagnosis and carrier identification tests which could lead to the near-total eradication of such inborn errors of metabolism.

Minimal brain dysfunction in children is receiving more emphasis in recognition and evaluation of the problem. A thirty-minute 16 mm color film showing the daily activities of children in kindergarten, first and second grades portrays vividly the problems of children with learning disabilities. Entitled Early Recognition of Learning Disabilities, it can be secured from the National Audiovisual Center, National Archives and Records Services, Washington, D.C. 20409.

Mental retardation often follows hydrocephalus and brain tumors in childhood. An effort to develop appropriate surgical or pharmacological therapy is showing considerable progress. The use of antitumor materials tagged with radioactivity has provided a more rational approach to chemotherapy. The development of a functional tomoscanner adds a new dimension in scanning precision that increases capability in tumor detections.

SOCIAL AND REHABILITATION SERVICE

Introduction

On August 15, 1967, the Social and Rehabilitation Service was established by the Secretary, Department of Health, Education, and Welfare, to join under a single leadership income support programs for needy Americans and the social and rehabilitation programs, including services for the mentally retarded.

Five of the eight major components of the Social and Rehabilitation Service have responsibility for providing income maintenance, medical services, social services, and rehabilitation services for the economically, physically, and mentally handicapped. These bureaus and offices administer the legislation concerned with the care and provision of services for retardates and their families as follows: Assistance Payments Administration, Social Security Acts, Titles I; IV, Part A; X; and XIV; Medical Services Administration, Social Security Act, Title XIX; Community Services Administration, Title IV, Parts A and B; Office of Planning, Research, and Training, Title VII, Section 707 and Title XI, Sections 1110 and 1115; Rehabilitation Services Administration, the Vocational Rehabilitation Act of 1965, as amended; the Developmental Disabilities Services and Facilities Construction Act of 1970, and various other Acts or portions of Acts such as the Public Health Service Act, concerned with the health and welfare of the mentally ill or retarded. Following is a description of the Social and Rehabilitation Service's efforts on behalf of the mentally retarded.

Assistance Payments Administration

The Assistance Payments Administration has primary responsibility for grants to States for public assistance programs under the Social Security Acts, Title I, Old-Age Assistance; Title IV, Part A, Aid to Families with Dependent Children and Emergency Welfare Assistance; Title X, Aid to the Blind; Title XIV, Aid to the Permanently and totally Disabled. It is in the program of Aid to the Permanently and Totally Disabled that Federal financial participation is available to help needy individuals who also may be mentally retarded through State-administered or State-supervised public welfare programs.

Mentally retarded persons eligible for money payments under the "Aid to the Permanently and Totally Disabled" program account for about 16 percent of all APTD recipients.

Medical Services Administration

The Medical Services Administration administers Title XIX of the Social Security Act as amended--Grants to States for Medical Assistance Programs--popularly called Medicaid. Mentally retarded individuals receive the same benefit in medical care as any other medical assistance recipient. The amount and scope of the services depends on the individual State plan.

Sixteen States and the District of Columbia make claims through Title XIX for care in hospitals or skilled nursing units in State institutions for the mentally retarded. Nine States also claim funds for medical services to the mentally retarded in skilled nursing homes outside of State institutions.

The 1971 amendments to the Social Security Acts rescinded Section 1121 of Title XI of the Acts, and transferred the responsibility for Intermediate Care Facilities to Title XIX, Section 1905. Section 1905 specifies that Intermediate Care Facilities shall be available for the mentally retarded or persons with related conditions if the facility provides health or rehabilitative services. It also specifies that care shall be provided for the mentally retarded in public institutions--an intermediate care facility being defined as an institution which provides services less than a skilled nursing home, but is somewhat more than a boarding home.

Community Services Administration

The Community Services Administration has responsibility for administering the Social Services program under Title IV, Part A, and Child Welfare Services under Title IV, Part B of the Social Security Acts.

The Social Services program provides services to families and children receiving Aid to Families with Dependent Children money payments and to former or potential recipients at the option of the State. Social services related to mental retardation may include day care services, foster care, protective services to reduce child abuse, as well as prenatal services to unmarried mothers.

The basic purpose of the Child Welfare Services program is to protect children from abuse, neglect, exploitation, or delinquency and to assure that they have an opportunity for normal development and an adequate home life. Mentally retarded children benefit from services provided. Child Welfare Services that are rendered to retardates and their families include: parent counseling, homemaker services, day care services, foster family care, care in group homes, adoption services, services to unmarried mothers, and certain institutional pre-admission and after care services.

During fiscal year 1973, approximately 43,000 mentally retarded children will receive services under the Child Welfare Services program and 456,000 will receive services under the Social Services program.

Office of Planning, Research and Training

Accurate appraisal of the abilities of retardates is a crucial first step in the rehabilitation process leading to competitive employment, increased earnings and independent community living. As services are extended into ghetto areas to reach more and more of the functionally retarded whose handicaps derive from social and cultural deprivation, it becomes increasingly necessary to refine techniques of social, educational and vocational training most likely to help a retardate achieve full participation in the economic and communal life of the country. Precise evaluation of individual potentials and the effectiveness of various rehabilitation approaches is an equally important prerequisite for development of innovative patterns of service to the profoundly retarded.

Future projects will be concerned with improved delivery of services to retardates in Model City neighborhoods. A new emphasis will be on rehabilitation of the retarded delinquent. Community organization projects will demonstrate in several Model Cities ways of involving parents of retardates in the rehabilitation process.

Complementing domestic programs, international research in mental disabilities will emphasize projects dealing with non-institutional rehabilitation of the mentally retarded and the mentally ill.

This Office also administers selected demonstration projects that seek to coordinate community resources for the mentally retarded. Rehabilitation research and training centers for the mentally retarded provide for the diagnosis, evaluation, treatment and training, vocational counseling and placement of the mentally retarded.

Rehabilitation Services Administration

The Rehabilitation Services Administration is responsible for a broad range of programs designed to provide rehabilitation services for the developmentally disabled including the mentally retarded. These programs cover support for planning, administration, services and the construction of community facilities through formula grants to States as well as support project grants designed to reduce the resident population in large State institutions for the retarded by making available specialized community services and by increasing the use of generic services. Also included are grants for: core support of interdisciplinary training programs in university-affiliated facilities for manpower needed in care and treatment of the developmentally disabled; improvement of services in State residential facilities for those retarded who are appropriately placed; training of professional, supportive and technical personnel already engaged in occupations involved in the care and rehabilitation of the developmentally disabled; planning and construction of rehabilitation facilities and sheltered workshops; special projects for expansion and innovation of vocational rehabilitation services.

1. Developmental Disabilities

a. Formula Grants to States

The Title I, Part C of the Developmental Disabilities Services and Facilities Construction Act of 1970 (P.L. 91-517), which amended the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 (P.L. 88-164), authorizes formula grants to States for comprehensive planning, administration, services and construction for the developmentally disabled. The 1963 Act limited Federal support to facilities and programs for the mentally retarded. The 1970 Act extends support to include not only mental retardation but also cerebral palsy, epilepsy and other neurological conditions approved by the Secretary. The Developmental Disabilities Act calls for Federal, State and local governments and voluntary agencies to share responsibilities for establishing and maintaining programs that will enable the developmentally disabled to: (1) enhance their physical, intellectual, and social capabilities to the fullest extent possible; (2) gain emotional maturity commensurate with social and intellectual growth; and (3) attain whatever possible skills, habits, and attitudes essential to living a personally satisfying life.

The Act provides for the co-mingling of funds under this program with those of other State programs. This facilitates the development of comprehensive services through the combination and integration of efforts in both specialized and generic services of several State agencies representing diverse areas such as health, welfare, education and rehabilitation, yet not imposing a set pattern of services.

Comprehensive planning of needed services and facilities providing for more efficient and effective utilization of existing human and fiscal resources at all levels must be set forth in a State plan. New or innovative programs will be developed to fill gaps in existing services and to expand them so as to reach new groups of individuals. The goal is integration of services and resources to assist the developmentally disabled at all levels--State, regional, and local.

The State Plan must include a description of how other State-Federal programs provide for the developmentally disabled and how the new program will complement and augment, and not duplicate, these programs. At least 9 programs must be taken into account: vocational rehabilitation, public assistance, social services, crippled children's services, education for the handicapped, medical assistance, maternal and child health, comprehensive health planning, and mental health.

b. University-Affiliated Facilities for the Developmentally Disabled

Under Title I, Part B of the Developmental Disabilities Services and Facilities Construction Act of 1970, the University-Affiliated Facilities for the Developmentally Disabled Program provides for Federal support for interdisciplinary training in institutions of higher learning as well as for the construction of facilities to house these programs. Multiple resources of Maternal and Child Health Service, Office of Education, and other State and Federal programs are utilized in support of training programs. University-affiliated facility grants may be made to cover the costs of administering and operating the facilities.

Among the professional disciplines trained in these facilities are medical personnel, dentists, nurses, speech and hearing therapists, nutritionists, physical therapists, occupational therapists, rehabilitation specialists, special educators, psychologists, social workers, recreational specialists and chaplains. Each facility is encouraged to conduct a comprehensive program so that each discipline involved in the habilitation and rehabilitation of the developmentally disabled may be fully familiar with the contributions of the other disciplines.

Approved projects for the construction of university-affiliated facilities for the developmentally disabled are: Children's Rehabilitation Institute, Reisterstown, Maryland; University of Colorado, Denver, Colorado; Walter E. Fernald State School, Waltham, Massachusetts; Children's Hospital Medical Center, Boston, Massachusetts; Georgetown University, Washington, D. C.; University of California Neuropsychiatric Institute, Los Angeles, California; University of Alabama Medical Center, Birmingham and Tuscaloosa, Alabama; Indiana University Medical Center, Indianapolis and Bloomington, Indiana; University of North Carolina, Chapel Hill, North Carolina; University of Tennessee, Memphis, Tennessee; New York Medical College, New York, New York; Georgia Department of Public Health, Atlanta and Athens, Georgia; University of Oregon, Portland and Eugene, Oregon; University of Miami, Miami, Florida; Utah State University, Logan, Utah; the University of Kansas, Lawrence, Kansas City and Parsons, Kansas; University of Wisconsin, Madison, Wisconsin; Ohio State University, Columbus, Ohio; and the Children's Hospital, Cincinnati, Ohio. One additional center, University of Washington, Seattle, Washington, received funds from Title I, Part A of the Act.

c. Project Grants for Rehabilitation of the

Mentally Retarded

The purpose of project grants administered by the Division of Developmental Disabilities under the provisions of Section 4(a)(1) of the Vocational Rehabilitation Act, as amended by the Vocational Rehabilitation Amendments of 1968, is to pay part of the cost of organized, identifiable activities which are undertaken to contribute to the rehabilitation of mentally retarded individuals generally not eligible for vocational rehabilitation services. Grants provide for expansion or establishment of programs serving the mentally retarded, application of new techniques for rendering services, coordination of resources and information, and increasing the number and types of specialized personnel working with the retarded.

The activities undertaken should be directed towards the goal enunciated by the President in November 1971 of reducing the population in residential institutions. In particular these would be directed toward reducing overcrowdedness by (a) finding alternative services for those inappropriately institutionalized; (b) preventing inappropriate admissions by serving the waiting lists; (c) preventing readmission through a variety of supportive services; (d) revitalizing rehabilitation programs for those appropriately placed in institutions with the goal of discharge as soon as possible; and (e) training institutional and community personnel to carry out the above activities.

d. Mental Retardation Hospital Improvement

The Mental Retardation Hospital Improvement Grant Program is designed to assist State institutions for the mentally retarded to improve their care, treatment, and rehabilitation service. The program is specifically focused on the demonstration of improved methods of services and care, as opposed to research exploration or the development of new knowledge.

Only State residential institutions for the mentally retarded are eligible to apply for these grants. The maximum amount of support, including direct and indirect costs, that an institution can receive under this program for any one budget period (usually 12 months) is one hundred thousand dollars ($100,000).

An analysis of the current Hospital Improvement

Projects shows that a majority of the projects is focused on specialized services for residents who will require long-term care and treatment. Demonstration projects for more severely retarded and dependent residents are emphasizing personal development by means of self-care training, socialization experiences, intensive medical diagnosis and treatment, and opportunity for improved speech.

e. Hospital Inservice Training

The Hospital Inservice Training program provides a means for increasing the effectiveness of employees in State residential institutions for the mentally retarded.

Because personnel such as attendants, houseparents, aides, and others in similar personnel categories comprise the major portion of those rendering direct care to institutionalized retardates, the first major area of grant support was extended to these personnel.

There are four general types of training supported by inservice training grants to institutions for the mentally retarded: (a) initial on-the-job training for employees; (b) refresher, continuation, and other special job-related training courses; (c) continuation training for technical and professional staff to keep them informed of new developments in their fields which can be translated into more effective patient service; and (d) special instructor training for staff with inservice training responsibilities aimed at providing a cadre of personnel to continue and extend the institutional training program.

f. Collection and Dissemination of Information

Mental Retardation Abstracts is a specialized mental retardation abstracting and information service published by the Division of Developmental Disabilities, Rehabilitation Services Administration, Social and Rehabilitation Service. Specifically, this service is designed to meet the needs of investigators and other workers in the field of mental retardation for comprehensive information about new developments and research results and to foster maximum utilization of these results.

The abstracts and annotated bibliographies appear in the quarterly journal Mental Retardation Abstracts, and may be obtained through subscription directly from the Superintendent of Documents.

2. Vocational Rehabilitation Services

Under the public rehabilitation program, grants are made to State vocational rehabilitation agencies to assist them in providing rehabilitation services to mentally and physically disabled individuals who have substantial employment handicaps and who can reasonably be expected to be rehabilitated into gainful employment. Among the services provided by State vocational rehabilitation agencies are comprehensive medical, psychosocial and vocational evaluation; physical restoration, counseling; personal adjustment, pre-vocational and vocational training; maintenance and transportation during the rehabilitation process; placement in suitable employment; services to families of handicapped people when such services contribute substantially to the rehabilitation of the handicapped client; recruitment and training services to provide new careers for handicapped people in the field of rehabilitation and other public service areas; and follow-up services to assist handicapped individuals to maintain their employment.

Recent years have seen dramatic advances in the provision of vocational rehabilitation services to the mentally retarded. The retarded now comprise about 14% of the people rehabilitated from all categories of disability by the State-Federal program of vocational rehabilitation. In 1972, about 43,700 retardates will be rehabilitated.

Another emphasis of State vocational rehabilitation agencies has been the establishment of rehabilitation facilities, such as comprehensive rehabilitation centers, evaluation centers, occupational training centers, workshops, half-way houses, and other specialized facilities serving the mentally retarded. Such a rehabilitation facility may be established by State rehabilitation agencies in cooperation with other public or private agencies.

State vocational rehabilitation agencies may assist in the construction of rehabilitation facilities in a variety of ways. They may construct new buildings; alter, expand or renovate existing buildings; purchase necessary equipment; and provide initial staffing support. In all cases, State or private financial resources must be used to match Federal funds.

Special project grants for the innovation and expansion of vocational rehabilitation services have been utilized to extend and improve State rehabilitation agency efforts for the mentally retarded. Expansion grants are designed specifically to increase the number of people rehabilitated by the State agency.

The Rehabilitation Services Administration administers Facility Improvement grants designed to upgrade the services of sheltered workshops and other facilities by supporting such activities as the employment of additional staff, technical consultation, staff development, and the purchase of equipment.

Other rehabilitation facility improvement activities are: (1) a program of technical assistance consultation to provide workshops and other facilities with special consultation services in such areas as workflow, safety engineering, contract procurement, and vocational evaluation and adjustment; and (2) projects to share in the cost of providing training services for handicapped individuals in public or nonprofit workshops and rehabilitation facilities.

3. Rehabilitation Training

Rehabilitation training in mental retardation has focused on social work and rehabilitation counselor training by supporting field units in which student trainees could concentrate their practicum experience in work with this client population. Such grants also support field instructional faculty. Fiscal year 1972 expenditures reflect a phasing out of this type of training grant support in response to new SRS training grant policies and procedures which consolidate support for special focus training and basic training in the same professional field into a single grant. In addition to this form of support, the Rehabilitation Services Administration will continue in FY 1973 to support multidisciplinary programs in select teaching-research-service centers.

SOCIAL SECURITY ADMINISTRATION

Purpose

The basic purpose of the social security program is to provide cash benefits to replace, in part, earnings that are lost to individuals and families when earnings stop or are reduced because the worker retires, dies, or becomes disabled, and to provide health insurance protection to persons 65 and over. The program is contributory, it is self-supporting, benefits are wage-related, and entitlement to benefits is an earned right.

Historical Development

In 1935, when the original social security law was passed, the program was to have provided only retirement benefits to aged workers. In 1939, benefits for dependents and survivors were added and benefits became payable in 1940. Protection against long-term total disability--not only for disabled workers, but also for adult sons or daughters (who became disabled before age 18) of disabled, retired, or deceased workers--was provided by the 1956 amendments. In 1965, health insurance benefits for the aged were added. The 1967 amendments provided benefits for disabled widows and widowers age 50 and over. Since 1949, there have been seven general benefit increases in recognition of the fact that prices and wages have gone up, and legislation now under consideration by Congress would provide further increases.

Economic Impact

Mental deficiency is a major factor in more than 65 percent of cases involving dependents or survivors who have been continuously disabled since childhood. It is the primary diagnosis in about half of all childhood disability cases. In fiscal year 1971, an estimated 175,500 mentally retarded adults disabled in childhood received $173 million.

The regulations contain guides as to the level of severity required in disability cases involving mental retardation. These regulations (published in 1968) have the effect of law and are available to the public and the medical community.

The number of mentally retarded children under age 18 who receive payments as dependents of retired, disabled, or deceased workers is unknown, since their benefits are payable regardless of disability.

Under social security's "Childhood Disability" provisions, lifetime monthly payments can be made to a person age 18 or over who has been disabled by mental retardation--or other impairments--since childhood. In many cases, the monthly benefits enable the retarded childhood disability beneficiary to be cared for at home instead of in an institution. Furthermore, as more and more retarded people outlive their parents, the program offers reassurance to fathers and mothers who know that financial help for their disabled child will be forthcoming even after their death. About half of the childhood disability beneficiaries are over 35 and 25 percent of them are over 45.

If the parents are dead, a relative who has demonstrated a continuing interest in the beneficiary's welfare, a welfare agency, or a legal guardian may be chosen as representative payee to handle the benefit funds and plan for using them in behalf of the beneficiary. A representative payee receives social security benefits in trust for the beneficiary and, as a trustee, is held accountable for the way in which he uses the benefits.

Health insurance benefits under the social security law are available to any individual, including a mentally retarded individual who is 65 or over and who meets certain necessary conditions. Therefore a mentally retarded individual 65 years of age who has contracted an illness or suffered an injury is, like any other person in this age group, protected under the health insurance program. However, the health insurance for the aged program specifically prohibits reimbursement under the law for expenses incurred for personal care designed primarily to aid an individual in meeting the activities of daily living and which do not require the continuing attention of trained medical or paramedical personnel. Therefore, an aged mentally retarded person whose only deficiency is mental retardation requiring general institutional care, e.g., vocational training, help in the activities of daily living, and so forth, would not be receiving the type of care covered under the Medicare program.

The only publication which is currently available is If You Become Disabled (SSI-29). A number of others are in stages of preparation or revision.

The color film, "Where There Is Hope," is also available.

The 1967 Survey of Institutionalized Adults conducted by the Social Security Administration collected basic information on the socio-economic characteristics of mentally retarded and other disabled persons aged 18 and over in institutions such as homes and schools for the mentally and physically handicapped, mental hospitals, chronic disease and other long-term hospitals. Data was obtained from institutional records and from relatives and guardians. The survey focused on types of care, cost of care, sources of payment, economic resources of the patient and his family, and his social relationships with family and friends. The handling of the institutionalized person's economic resources by administrators (including the institution) and payees was also examined. Reports on demographic characteristics, costs of care, and economic resources have been published, and a report on financial administrators will be published in the summer of 1972. A monograph summarizing all findings will be available in 1973.

FOOD AND DRUG ADMINISTRATION

The Food and Drug Administration is concerned with preventing mental retardation that might follow the use or misuse of drugs or hazardous substances. The vulnerable periods are those specifically of embryonic, fetal, and infant life. Dosage levels considered safe in older infants may be potential causes of permanent brain damage in the prenatal or newborn age group which possess immature mechanisms of detoxification of these drugs.

In the Bureau of Drugs, the Office of Scientific Evaluation monitors the investigational use of new drugs in early testing phases.

FDA expects investigators to set up metabolic methodology on new entities, at least to attempt to develop functional toxicology and biochemical toxicology, relating experiences of one species to those of another, eventually to experiences of man.

Regulatory action is taken against drugs or devices that are represented to be useful in the prevention or treatment of mental retardation but in fact have no such beneficial effects.

SURPLUS PROPERTY PROGRAM

The Office of Surplus Property Utilization, within the Office of the Assistant Secretary for Administration and Management, carries out the responsibilities of the Department under the Federal Property and Administrative Services Act of 1949, as amended, which makes surplus Federal real and personal properties available for health and educational purposes. The properties which become available under this program are those that have been determined by the General Services Administration as no longer having any further Federal utilization.

Surplus personal properties generating at Federal installations in the United States, Europe and Southeast Asia, are screened to determine those which may be needed and usable by eligible institutions throughout the country in conducting health and educational programs. Properties determined to have such need and usability are allocated by the Department of Health, Education, and Welfare for transfer to State Agencies for Surplus Property which have been established in all States. These State Agencies secure the properties, warehouse them, and make the distribution to eligible donees for health and educational uses within their respective States. The only costs to the eligible donees are the handling and service charges which are assessed by the State Agencies.

Schools for the mentally retarded are eligible to acquire surplus real and personal property. In the case of personal property, such a school must be operated primarily to provide specialized instruction to students of limited mental capacity. It must be tax-supported or non-profit and exempt from taxation under Section 501(c)(3) of the Internal Revenue Code of 1954. It must operate on a full-time basis with a staff of qualified instructors for the equivalent of a minimum school year prescribed for public school instruction of the mentally retarded. It must also demonstrate that the facility meets the health and safety standards of the local governmental body.

An applicant for real property must be a State, or a political subdivision or instrumentality thereof; a tax-supported educational or public health institution; or a non-profit educational or public health institution that has been held to be exempt from taxation under Section 501(c)(3) of the Internal Revenue Code of 1954. Its proposed program of use must be fundamentally for an educational or public health purpose; i.e., devoted to academic, vocational or professional instruction, or organized and operated to promote and protect the public health. Real property may be put to a joint use, namely, for the training of the mentally retarded as well as the physically handicapped.

Available personal property may range anywhere from a nail to an electronic computer. Many items have never been used before. Real properties may consist of all types of buildings which are removable, land with or without structures and other improvements such as utility lines, sewer and water systems, etc.

Schools for the mentally retarded operated by State and local agencies of government as well as many nonprofit schools operated by Associations for the Mentally Retarded or Cerebral Palsy are major users of surplus personal properties acquired through the State agency distribution center of their State.

DATA COLLECTION

Some data relative to mental retardation is collected as a part of the overall information system of the several DHEW agencies. Their efforts are coordinated through a Subcommittee on Mental Retardation Statistics of the Office of Mental Retardation Coordination. The subcommittee is chaired by Mrs. Gloria Hollis, National Center for Health Statistics; members of the subcommittee represent all Departmental mental retardation programs which collect statistical data.

The purposes and functions of the subcommittee are as follows:

- Serves as a forum for the exchange of information among those involved in the collection of data concerning mental retardation.

- Reviews the available data concerning mental retardation and determines the "gaps," if any, that exist in the various data collection programs.

- Makes recommendations regarding the collection of information to fill these "gaps."

- Serves as an advisory body to others interested in the collection of mental retardation statistics.
- Investigates coordinating mechanisms for data systems on mental retardation.
- Makes recommendations regarding these coordinating mechanisms.

INTERNATIONAL ACTIVITIES

Department of Health, Education, and Welfare participation in international conferences has contributed to the sharing of scientific and program knowledge, and has enhanced informational exchange between other countries and the United States.

The Agricultural Trade Development and Assistance Act, P.L. 480, authorizes grants for research projects to qualified governmental and non-governmental nonprofit agencies and institutions abroad. The purpose of the program is to assist research projects abroad which lead to the development of new knowledge and techniques for eliminating or reducing the handicapping effects of disability or will provide new application of existing knowledge and techniques to social and rehabilitation problems. Projects should produce results of mutual benefit to social and rehabilitation services in the United States and in the country in which the project is carried out.

Maternal and Child Health Service, Rehabilitation Services Administration of the Social and Rehabilitation Service, and National Institutes of Health have sponsored P.L. 480 projects in a number of countries throughout the world.

Several DHEW publications on mental retardation have been published in Spanish. The Office of Mental Retardation Coordination is publishing a Spanish language newsletter for use in Spanish-speaking countries.

SPECIAL PROGRAMS FOR EMPLOYEES

There is no existing counselling service available for HEW employees who have retarded or handicapped children. There are counsellors available who deal almost exclusively with job-related problems.

There are two day care centers for children of HEW workers. One is located in the main HEW Building and the other in the Office of Education Building. The contractor who operates the main HEW Building center is under no obligation to take retarded children. However, one mongoloid child is attending.

The Office of Education contract indicates the desirability of having a 5% handicapped population in their day care center. At present, there are no handicapped children but they are hoping that through a solicitation of employees they will be able to locate and integrate some of these children into the program.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Obligations for Mental Retardation Programs
Fiscal Years 1971-1973
(Thousands of Dollars)

ACTIVITY	1971	1972 (Est.)	1973 (Est.)
OFFICE OF EDUCATION			
Services	$ 67,820	$ 74,610	$ 77,354
Training	11,900	11,900	12,320
Research	1,420	1,600	1,664
Other	69	69	69
Total	$ 81,209	$ 88,179	$ 91,407
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION			
Services	$ 13,148	$ 19,739	$ 21,479
Training	17,312	19,683	19,923
Research	2,299	2,299	2,299
Other	2,395	1,300	1,300
Total	$ 35,154	$ 43,021	$ 45,001
NATIONAL INSTITUTES OF HEALTH			
Training	$ 7,474	$ 7,515	$ 7,515
Research	18,397	21,524	22,835
Total	$ 25,871	$ 29,039	$ 30,350
SOCIAL AND REHABILITATION SERVICE			
Services	$206,918	$240,346	$347,950
Research	897	1,000	1,050
Training	5,424	5,188	5,007
Construction	16,383	6,109	4,886
Income Maintenance	97,000	114,000	132,000
Other	817	7,978	7,247
Total	$327,439	$374,621	$498,140

Obligations for Mental Retardation Programs

Fiscal Years 1971-1973
(Thousands of Dollars)
(Continued)

ACTIVITY	1971	1972 (Est.)	1973 (Est.)
SOCIAL SECURITY ADMINISTRATION			
Income Maintenance	$175,355	$194,597	$208,838
OFFICE OF THE SECRETARY			
Office of Child Development - Head Start	$ 4,270	$ 4,462	$ 4,462
Office of Mental Retardation Coordination	(110)	115	118
President's Committee on Mental Retardation	550	635	635
	$ 4,820	$ 5,212	$ 5,215
Total, Grants and Services	$377,493	$426,072	$538,113
Total, Income Maintenance	$272,355	$308,597	$340,838
GRAND TOTAL	$649,848	$734,669	$878,951

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Summary Discussion

One of two major goals to which the President committed himself in his 1971 Statement on Mental Retardation was "to enable one-third of the more than 200,000 retarded persons in public institutions to return to useful lives in the community." To this end, the President stated that he was "Directing...the Department of Housing and Urban Development to assist in the development of special housing arrangements to facilitate independent living for retarded persons in the community." The second goal was "to reduce by half the occurrence of mental retardation in the United States before the end of this century." Following the President's statement, the Department undertook an evaluation of its programs as they related to these goals.

HUD-assisted housing programs under public and private sponsorship as well as community development programs such as Model Cities without question represent resources for the development of living arrangements for retardees which might be desirable alternatives to institutions. However, the planning of housing programs specifically for mental retardees would require that the supervisory and services aspects of such housing be provided by other agencies having these resources. HUD-assisted residential housing for the mentally retarded, in short, should be more than housing for independent living as envisioned by the several Housing Acts, but rather a particular environment in which the supportive services are an essential part and dominant characteristic. In addition, if this housing must be designed for group settings, with other elements generally related to supervised living, the question of reuse, should the intended purpose not continue over the amortization period, poses an economic problem as it relates to mortgage insurance guarantee and the useability of the development on resale.

With this essential caveat, the nature of HUD assisted housing and community development programs as effective resources for retardees can best be understood. Upon review, it was at once apparent that there existed no HUD-assisted housing programs which specifically related to the retarded, although there were no barriers to eligibility of retardees who could live in conventional housing developments. Retardees are in fact so housed.

The closest analogy to housing for the mentally retarded are HUD's programs for the physically handicapped which require special architectural features that permit access to and use of these dwellings by physically handicapped individuals or families using mobility aids. The basic definition of tenant eligibility in these cases is determined by the definition of "handicapped" found in the Housing Act of 1959:

> "A person shall be considered handicapped if such person is determined...to have a physical impairment which (a) is expected to be of long continued and indefinite duration, (b) substantially impedes his ability to live independently, (c) is of such a nature that such ability could be improved by more suitable housing conditions."

The presence of a physical handicap, by an individual or one spouse without age limitation establishes eligibility. Legislation speaks only to the ability of the handicapped person or persons to use the facility. No supportive services are provided. As a result, HUD-sponsored housing for the physically impaired serves generally those who can live independently given removal of architectural barriers.

Using the programs for the physically handicapped, the HUD General Counsel then undertook a close examination of this legislation to determine whether or under what conditions mental retardation could be considered to be an eligibility factor for housing for the handicapped. The initial conclusion related to mortgage insurance under Section 221(d)(3) and 236 for the subsidies available under these programs. The opinion stated that "Although this Department's earlier position was that the statutory definition of handicap, which was based on 'physical impairment' did not include the mentally retarded, the Department's position is now that if the mental retardation of an individual can be determined to be the result of a physical impairment, such as brain damage problem, or chemical or neurological physical impediment to normal growth, then that individual legally could be considered 'handicapped' for purposes of determining eligibility as a tenant in Section 221(d)(3) or 236 housing."

As a result of this decision, on April 28, 1972, HUD approved two plans under State-Federal financing in the 236 program for four group homes and one two-story apartment building to provide housing for mentally retarded adults capable of an independent life styles in their communities. Supportive services will be provided by local, private, and government agencies. One development in Detroit, Michigan, would provide two group homes of two stories each providing 16 one-bedroom apartments with shared baths for monthly market rents of $204 per unit. This rent would be reduced to a basic rent of $130 per month by utilizing the one percent interest rate provided under HUD's 236 program. There are additionally two two-bedroom apartments with market rents of $235 per month and a basic rent of $149. The mortgage will be insured by the Michigan State Housing Authority.

The second project, in Farmington Township, Michigan, includes two group residential homes with 18 units and one two-story apartment building of 20 units. The state will also insure the mortgage on this development. Monthly market rate rents are $199 for the one-bedroom apartments, but with an interest reduction, the basic monthly rent will be $122. The two-bedroom apartments market rate is $254 and the basic rent under Section 236 is $156 per month.

The unique feature of this effort is that the State through local private corporations accepts responsibility for the construction, funding, and operation of these projects. This is the first involvement of HUD in providing housing for mentally retarded adults other than those who can live completely independent lives in any of its several programs. This is a fine example of shared financing but with responsibility for operations and support services at the local level. While FHA Minimum Property Standards must be adhered to in construction, the State accepts responsibility for design concepts responsive to group living.

HUD also administers mortgage insurance programs under which market rate mortgages are insured for financing of nursing homes and intermediate care facilities--Section 232 of the National Housing Act. Although these facilities generally provide care and services for elderly patients, the program also includes those facilities that provide inpatient care and services for the physically and mentally handicapped. The program may include facilities that range from providing nursing care for mentally retarded crib cases to those that provide supervised living environment, therapy and rehabilitation for mentally retarded children and adults. A nursing home or intermediate care facility intended primarily for the mentally retarded could be financed with a mortgage insured by HUD under Section 232, but HUD has no statutory authority to provide additional financial assistance such as interest reduction payments, low interest mortgages, or rent supplements under this insurance program.

HUD has actively encouraged local housing authorities and the management of multi-family low rent housing to explore and provide through local community resources, public and private, the development of needed services by cooperative efforts. HUD involvement in existing programs for the mentally retarded has been HUD approval for the use of on-site space. The administration of such programs, however, has been the responsibility of local agencies. For instance:

- The Newport Housing Authority in Rhode Island, provides space for a community program for the mentally retarded.

- The Baltimore Housing Authority provides similar space to the Board of Education.

- The Denver Housing Authority leases 15 units that are used as a dormitory for 40 MR students over 16 years of age who are receiving vocational and occupational training.

- In Bayamon, Puerto Rico, there is a center for trainable mentally retarded children.

The Model Cities program represents a third area in which there are significant examples of how HUD-assisted community development programs have made possible programs of benefit to the mentally retarded, many of them jointly funded with HEW.

Finally, the solutions to the severe problem of preventing lead poisoning among many young children in deteriorating urban environments are being sought by the Department through a variety of research and demonstration programs.

Conclusions

A number of HUD programs can be used successfully and creatively to help prevent and treat mental retardation through coordination to provide service components. Efforts to better the urban environment through housing programs--new construction and rehabilitation, the development of neighborhood facilities which include health services, Model Cities, and research in de-leading residential structures all are presently being utilized in a way which contributes to this goal.

It is apparent that HUD may now be a resource to provide housing assistance to some mentally retarded persons under existing legislative authority. However, it must be remembered that HUD is neither equipped nor authorized to develop, manage, or provide services in such specialized residences. The National Center for Housing Management may be a future resource for training managers for developments related to the needs of special groups in the population.

To summarize, there are four major potentials responsive to the President's Statement as it relates to housing:

1. Mentally retarded persons who can live normal, independent lives are not barred from HUD-sponsored housing.

2. Those who need medical supervision and care could be served by the FHA 232 unsubsidized mortgage insurance program for intermediate care facilities and nursing homes. Housing may not be used as a medical care facility other than in the housing and intermediate care home programs.

3. Eligibility for some categories of mental retardees can be established based on physical impairment criteria. Development and administrative feasibility must be assured over the entire amortization period.

4. Given State involvement under contract to assure professional services and program responsibility, housing programs could more readily be used for some categories of the mentally retarded now in institutions.

Addressing the Presidential goal of dramatically reducing mental retardation: The lead-based paint poisoning problem, which can cause retardation and which affects mostly young children, is of such severity that actions must be devoted to its prevention, particularly in the area of removing lead-based paint from existing dwelling units in which it is a hazard. HUD has initiated preventive actions in the form of directives to the field for inspection, testing and training of personnel in such matters. A Federally sponsored research program is now underway. New instructions will be promulgated when the results are known.

Greater community utilization should be made of low-rent housing space and neighborhood facilities for the mentally retarded. This would entail more cooperation between local activities interested in improving the various programs.

The Department is directing full attention to the needs of the handicapped. The recently established office of Assistant to the Secretary for Programs for the Elderly and the Handicapped has been charged with ensuring that all HUD programs remain fully responsive to these needs. The incumbent reports directly to the Secretary and is expected to maintain continuing familiarity with activity in this field.

Organization and Functions

The overall purpose of the Department of Housing and Urban Development is to assist in providing for sound development of the Nation's communities and metropolitan areas. As stated in the Department of Housing and Urban Development Act of 1965, the Department was created to administer the principal programs which provide assistance for housing and community development to assist the President in achieving maximum coordination of the various Federal activities which have a major effect upon urban community, suburban, or metropolitan development; to encourage the solution of problems in housing and urban development through state, county, town, village, or other local and private action, including promotion of interstate, regional, and metropolitan cooperation; to encourage the maximum contributions that may be made by vigorous private home building and mortgage lending industries to housing, urban development and the national economy; and to provide for full and appropriate consideration, at the national level, of the needs and interests of the Nation's communities and of the people who live and work in them.

To the extent to which housing conditions and community environments are improved by such HUD assisted activities listed above, the pathological conditions under which mental retardation thrives--such as crowded slums, inadequate and unhealthful housing, and poverty, can be ameliorated or eliminated.

Before describing the principal program areas of HUD which impact directly or indirectly upon the mentally retarded, it is important to outline generally the way in which these programs operate. HUD strives to deliver to local governments the tools and resources necessary for an effective attack on arresting social, economic, and physical decay in our metropolitan areas. Local governments are to assess their own problems and to utilize to their advantage the flexibility of relatively unfettered HUD assistance in resolving such problems.

A useful example of this approach is Planned Variations which were announced by President Nixon on July 29, 1971. Under this program 20 cities were selected to demonstrate what can be accomplished in solving urban problems when given greater freedom from Federal regulations. It is also a test, using the Model Cities program, of what can be accomplished under the revenue sharing approach. The objective of Planned Variations is to improve the operation of the Federal grant system under existing legislation. The salient point is that in Planned Variations cities HUD is no longer directing what a locality should do but supporting what the locality itself believes it should be doing. Consequently, allocation of HUD funds to deal with mental retardation is essentially a local decision.

Most of HUD's programs are administered and funded out of HUD Area or Insuring Offices--recently organized and established to bring the operating level of the Department closer to the States and to the communities served. These "action" offices are expected to encourage an expanded interest and participation of States and local governments and citizens in dealing with our severe and diverse urban problems.

The Department's organization includes the following functional units having either a direct or indirect impact on the mentally retarded:

1. Model Cities - Model Cities provides technical assistance for a comprehensive attack on social, economic, and physical problems in selected slum and blighted areas through concentration and coordination of Federal, State, and local public and private efforts. The Assistant Secretary coordinates the actions required at Federal, State and local levels of government for the optimum integration and balance of component elements of Model Cities programs, and timely and coordinated delivery of the resources for these programs.

2. Urban Renewal - This program provides for loans and grants for slum clearance and urban renewal including neighborhood development, interim assistance for blighted areas, concentrated code enforcement, demolition projects, neighborhood renewal plans and feasibility surveys.

3. Rehabilitation Loans and Grants - A program of loans and grants provided for rehabilitation projects, excepting servicing and disposition.

4. Open Space Land and Related Programs - These programs include grant programs for the acquisition and development of open space land, urban beautification and improvement, and historic preservation.

5. Community Facilities - Community facilities provides grants for basic water and sewer facilities, neighborhood facilities grants, and public facilities loans.

6. Planned Variations - Selected cities participate in the developing and testing of procedures to strengthen local aapacities in dealing with urban problems, thereby serving as a guide for other communities as they orient their governmental processes to handle new community development programs and other revenue sharing resources.

Assistant Secretary for Housing Management

The Assistant Secretary for Housing Management directs the administration of departmental programs and activities in the areas of housing management and disposition. These responsibilities extend to the social, physical, and financial aspects of management and disposition in all housing programs. Programs included are the following:

1. Provision of assistance is given the local housing authorities in management and modernization of low-rent public housing projects including support of resident and community services in these projects and the necessary special family and other operating subsidies.

2. HUD-insured and Government-held mortgages are managed and serviced for the project or multifamily mortgage insurance programs under the National Housing Act, including nursing homes, intermediate care facilities, congregate housing, nonprofit hospitals, group practice facilities and land development under Title X.

3. Management and administration of assistance is offered for contracts for interest reduction payments and rent supplements, homeownership for low and middle income families, housing management, and forebearance agreements and assignments of mortgages for multifamily program mortgages in temporary difficulty.

4. Loans are serviced and managed for housing assisted by Department lending and grant programs; real and related property conveyed to or in the custody of the Secretary is managed, rehabilitated, rented or disposed.

5. The Assistant Secretary for Housing Management also directs resident and homeownership counseling to low and middle income families, the private market financing through the sale of notes and bonds, and local financing for urban renewal.

Assistant Secretary for Housing Production and Mortgage Credit and Federal Housing Commissioner

The Assistant Secretary for Housing Production and Mortgage Credit and Federal Housing Commissioner coordinates and directs programs and activities which assist in the production and financing of housing and in the conservation and rehabilitation of the housing stock.

1. Federal Housing Administration - The Federal Housing Administration insures under the terms of the National Housing Act, mortgages and loans made by private lending institutions for the purchase, construction, rehabilitation, repair, and improvement of single-family and multifamily housing. The administration also administers housing production under the Department's low-rent public housing program and college housing program and has a variety of housing programs serving the elderly and handicapped.

2. Mortgage and loan insurance programs are insured under the terms of the National Housing Act for the purchase of single-family housing, private residences, rental housing, cooperative housing, condominiums, and mobile homes. Mortgage insurance also is provided for housing for the elderly, nursing homes and intermediate care facilities. Special programs are also provided for yield insurance on equity investments in rental housing; loan and mortgage insurance for land development, mobile home parks, experimental housing, housing in urban renewal areas, armed services housing, and single-family housing for homeownership subsidized by interest assistance payments and rent supplements. Technical assistance and seed money loans for planning housing projects and related purposes are also authorized to be provided to nonprofit sponsors of low and moderate income housing.

3. The low-rent public housing program, authorized by the United States Housing Act of 1937, provides Federal loans and annual contributions to assist local housing authorities in providing low-rent housing by construction, by rehabilitation of existing structures, by purchase from private builders or developers (the Turnkey method), and through lease from private owners. Special provisions allow for purchase of such housing by low-income families.

4. Housing for the elderly or handicapped may be provided by direct loans at 3 percent interest by privately financed insured mortgages with interest subsidy or without subsidy of the National Housing Act, or by low-rent public housing.

5. College housing program provides loans and debt service grants to colleges and eligible hospitals to finance the construction, rehabilitation or purchase of housing and related facilities.

The Assistant Secretary for Administration

The Assistant Secretary for Administration has the following responsibilities with respect to the administrative management of HUD: budget, organization, method, and directives systems; management of automatic data processing; accounting, audit, and financial management; personnel administration, general administrative services; investigations; regional liaison; and defense planning. There is no current personnel program dealing with the employment needs of the mentally retarded. Over the years efforts have been made to increase the number of mentally retarded individuals employed in several job classifications, but the results have been limited.

The Assistant Secretary for Research and Technology

The Assistant Secretary for Research and Technology is the principal adviser on scientific and technological matters of concern to the Department. He administers programs (including experiments and pilot tests) and conducts research to provide a better understanding of the nature of the basic housing and community development problems of our growing population. This research into the basic problems leads to improved methods, services, and facilities, and to improved Federal programs. The research program is intended to act as a force for change to improve the nation's housing and community activities.

PROGRAM ACTIVITIES FOR THE RETARDED

HUD has several program areas where specific actions are underway which deal with the needs of the mentally retarded. What follows will briefly describe some of these activities.

RESEARCH AND TECHNOLOGY

Lead-Based Paint Poisoning Hazard Elimination

Lead poisoning is an environmental disease occurring mainly in slum children between the ages of one and six. It results primarily from ingestion of bits of lead-based paint that flake off the surfaces in dilapidated dwelling units.

The U. S. Public Health Service estimated about 400,000 children annually may have an abnormal body level of lead. Lead poisoning may result in death, mental retardation or brain damage.

Under terms of P. L. 91-695, HUD is required to develop and carry out a research program to determine the nature and extent of the problem of lead-based paint poisoning and the methods by which lead-based paint can most effectively be detected and removed from interior surfaces, porches and exterior surfaces to which children may be commonly exposed.

The National Bureau of Standards under an Interagency Agreement with HUD is analysing the nature and extent of the lead-based paint poisoning problem nationwide; is evaluating current methods for detection of the lead hazard in building materials that are accessible to potential victims; and is evaluating presently used and available innovative methods for the elimination of lead poisoning hazard.

In fiscal year 1973, $1.5 million will be used for the development of new technology for hazard removal and for demonstration of new technology for hazard reduction or elimination in cooperation with various cities and localities with serious lead poisoning incidence. Research findings and recommendations on the reduction and control of lead poisoning hazard will be widely disseminated to localities throughout the nation. A pilot screening analysis program has been started to define the approaches required in a follow-on national evaluation of the use of lead in paints so that those paints having hazardous lead levels will be prohibited in federally assisted or insured housing.

Among other developments, a circular has been issued by the Department which controls the use of lead-based paints in public housing and housing rehabilitated under HUD-assisted or insured programs. Implementation is the responsibility of local housing authorities,llocal public agencies and ocal public odies. Model Cities agencies in Washington, Philadelphia, New Orleans, Boston, Worcester, Massachusetts, and Chicago are involved in lead poisoning prevention programs. The Model Cities Service Center, a HUD-supported activity, is planning a national conference later this spring to plan and implement further programs.

- Funds for the modernization of public housing have been used to eliminate the hazard in Philadelphia and Lackawanna, New York.

- HUD is working with major model code groups to develop an effective and enforceable housing code which will cover the problem.

- The proposed Urban Community Development Special Revenue Sharing bill now before Congress could help communities in combatting the lead-based paint problem. Federal assistance could be used at local discretion to help eliminate the problem through code enforcement and other means.

HOUSING MANAGEMENT

Low Rent Housing

HUD has actively encouraged local housing authorities and the management of multi-family low rent housing to explore and provide through local community resources, public and private, the development of needed services by cooperative efforts. HUD involvement in existing programs for the mentally retarded has been HUD approval for the use of on-site space. The administration of such programs, however, has been the responsibility of local agencies. For instance:

- The Newport Housing Authority in Rhode Island, provides space for a community program for the mentally retarded.

- The Baltimore Housing Authority provides similar space to the Board of Education.

- The Denver Housing Authority leases 15 units that are used as a dormitory for 40 MR students over 16 years of age who are receiving vocational and occupational training.

- In Bayamon, Puerto Rico, there is a center for trainable mentally retarded children.

In those instances where local housing authorities have implemented comprehensive social services programs, residents in need of facilities for the mentally retarded would be referred to the appropriate community resource.

The potential for greater involvement of LHA's in the concerns and needs of the mentally retarded is enhanced by a recent HUD-HEW Agreement on Housing-Welfare Cooperation (HM 7471.4). The Agreement promotes the development cooperatively of comprehensive preventive and rehabilitative specialized services which are to be coordinated with existing community social services. Programs for the mentally retarded may well be an ancillary service that could be improved through such a cooperative program.

MODEL CITIES

1. Recreation Program for Mentally Retarded Adults (MC $9,112, HEW-SRS $19,851)

   Services for approximately 100 people which operates out of three community centers. In addition to recreational opportunities, program also offers guidance counseling to enrollees and their families, screening of people for centers' services and referral of mentally retarded individuals to other community services.

2. Home Services for Mentally Retarded (MC $97,893, HEW-NIMH $94,557)

   A rather unique service to 200 families. Program offers counseling and culturally appropriate home stimulation to families of children under three years of age who are mentally retarded or where the possibility of mental retardation is strongly suspected. Foster grandparents and other paraprofessional staff are used imaginatively.

3. General Community Mental Health Services (MC $824,772; HEW $1,256,672; City and County $225,232)

   This large, city-wide service offers a full range of services to retardates. Whether funds and staff concentration on the problems of mental retardates is in proportion to their representation in the population (3-7%) is unknown.

4. Vocational Training and Supportive Services in Independent Living for Mentally Retarded (MC $49,200, HEW-SRS $29,660)

Vocational and educational quidance counseling, psychotherapy, vocational training, job placement and follow up are all integral parts of this fairly large program for about 250 young adults 16 years old and above. Program is run by Larden Hall, the local center for mentally retarded.

Projects in Region VI for Mentally Retarded

Albuquerque, New Mexico - "Esperanza Nuestros Ninos" - Classes for Mentally Retarded Children. ($3,988 MC Funds)

The project provides special education classes for mentally retarded children designed to develop the mentally retarded child in self care/help, early education, vocationally oriented and motor skills, as well as social competence; including family participation in the learning process, involving the community in acceptance, increasing awareness and community expertise in training the mentally retarded child. This was a first action year project involving $3,988 in Model Cities funds, administered by Esperanza Para Nuestros Ninos, Inc., a private non-profit organization composed of parents and residents interested in the education of mentally retarded children.

Waco, Texas - "Mentally Retarded Child Care Program" ($31,000 MC Funds)

This project is a continuation of first and second action year projects into the third action year. The program is conducted by the McLennan County Rehabilitation Center, and occupies the second floor and play porch surrounding the area at the center. Children arriving at the center in need of food and physical cleaning are fed and washed. Children are expected to bring their lunches and a small fee is charged for the day care services, although no needy child is turned away because of inability to provide the fees or lunches. The center has a nine-passenger station wagon available for assistance in transporting the children to the center, if needed, and for taking some of the children at intervals to parks, museums, etc., to expand experiences and play activities.

New Orleans, La. - "Home Health Aides for the Mentally Retarded." ($56,000 MC Funds)

This was a first action year project implemented to provide services of a trained home health aide to families with severely retarded children who are forced to remain in the home due to lack of facilities in public institutions, thus relieving families of such severely mentally retarded of much confinement and stress. Aides were recruited from the model neighborhood and trained at the State School for Mentally Retarded. The project was administered by the Louisiana State Department of Health, Division of Maternal and Child Health.

Houston, Texas - "Mental Retardation."
($100,000 MC Funds)

This project was implemented in the first action year and continued into the second action year at the same funding level (MC funds). The Harris County Mental Health/Mental Retardation Center will provide day care and training of 10 to 15 children daily except Saturdays and Sundays. It provides special classes in behavior modification for school age children who are not acceptable in public school special classes; residential care and training for 10-15 mentally retarded adult males in one location who have need to live away from home; and transportation as needed, by automobile, mini-bus or contract services.

Texarkana, Texas - "Special Education Kindergarten."
(Bi-City) ($10,000 MC Funds)

The project was operated in the second action year as an activity of the Early Childhood Development Project and as a separate entity of the third year Model Cities program. It is a Bi-City (Texarkana, Arkansas/Texas) project whose purpose is to provide meaningful learning experiences through supplementing the staffing of the Texarkana

Special Education Kindergarten to thirty mentally retarded, brain-damaged, emotionally disturbed or environmentally deprived children of the model neighborhood area between ages 3 to 9 that have been referred by a physician, parent or guardian by the Texarkana Mental Health/Mental Retardation Center or other recognized institution. The project is administered by the Texarkana Special Education Kindergarten, Inc.

Santa Fe, New Mexico - "Pre-School for Mentally Retarded." ($7,126 MC Funds)

This is a new project in the second action year. It will provide special pre-school classes and home visitations for approximately twenty educable mentally retarded toddlers through five-year-old children, and an opportunity for parents to learn more about their children's strengths and weaknesses. The project is administered by the College of Santa Fe, Department of Social Sciences.

DEPARTMENT OF THE INTERIOR

The Department of the Interior, created by an act of March 3, 1849, is the Federal agency with primary responsibility for the management, conservation, and development of the nation's natural resources. In carrying out these objectives, the Department develops policies to encourage efficient use of natural resources; insure adequately developed resources in order to meet the requirements of national security and an expanding economy; maintain production capacity for future generations; promote equitable distribution of benefits from nationally owned resources; discourage wasteful exploitation; promote and coordinate plans for the most effective use of recreation resources; orderly incorporate Indian groups and individuals into our national life by creating conditions which will advance their social and economic adjustment; and to assist the full participation in our national life of the people of the territories through social, economic and political development.

While Department programs are directed primarily at the conservation and wise use of the nation's natural resources, a few of its programs provide aid and assistance, both directly and indirectly, externally, to the mentally retarded. These programs range from providing assistance or grants to parks and recreation areas for special facilities for the handicapped to providing direct financial assistance to and training of mentally retarded Indian people. In addition, internal programs for the employment of the mentally retarded are promoted and used where possible.

Programs which provide external assistance to the mentally retarded are carried out in the following Bureaus in the Department of the Interior:

Bureau of Indian Affairs
National Park Service
Bureau of Outdoor Recreation

Bureau of Indian Affairs

Social Services Program for the Mentally Retarded

Mentally retarded Indian children and adults are included in those receiving services from the Bureau of Indian Affairs' Social Services Program. These social services are provided under the authority of the Act of November 2, 1921 (25 U.S.C. 13) which provides that the Bureau shall direct, supervise, and expend such moneys as Congress may from time to time appropriate for the benefit, care and assistance of Indians throughout the United States. The Social Services Program undertakes to provide necessary assistance and social services for Indian people on reservations when such assistance and services are not available through State or local public welfare agencies. It may be noted that many Indians receive services from the latter agencies.

Within the limits of its resources, the primary objectives of the Bureau's program of social services are: (1) to provide financial assistance (called general assistance) to needy Indian families living on reservations when employment is not available and when such assistance is not available from other sources; 1/ (this includes assisting interested Indian tribes to sponsor tribal work projects for recipients of assistance); (2) to provide counsel and guidance to Indians with family problems or other serious social problems; (3) to provide child welfare assistance and services when these are not available from established child welfare agencies, including arrangements for the protection and care of dependent, neglected, and handicapped children, planning for adoption, and securing appropriate institutional care; (4) to interpret the social needs of Indian families and children to tribal governing bodies and tribal courts and provide assistance, when necessary and appropriate, in the development of tribal programs to meet those needs; (5) to provide information and liaison assistance to Indians to enable them to secure needed welfare services and assistance from State and local welfare programs for which they may be eligible; (6) to provide advice and counsel to Indians, when necessary, in planning constructive use of their own and their children's funds; and (7) to interpret the needs of Indians to community agencies away from the reservations and promote the acceptance of Indians on an equal basis with non-Indians.

General assistance is provided directly by the Bureau when need has been determined. The same budgetary standards used by the State welfare agency for State public assistance programs are used to determine the individual's or family's general assistance needs. Provision is also made for care of Indians requiring care in institutions or nursing homes.

The child welfare program includes foster home finding, the placement of children in foster homes when living in their own homes is not possible or desirable, identification of handicapped Indian children in need of special care and arrangements for such care, and provision of services and consultation to tribal courts so as to assist them in carrying out more effectively their legal responsibilities for the protection and care of Indian children.

Social services, including counseling and guidance, are provided to recipients of general assistance and child welfare services, and also to other Indians with serious social problems which prevent them from functioning effectively. The purpose is to encourage and assist in efforts toward self-support, to promote more stable family life and improved parental care, to help Indians to recognize and cope with their social problems realistically, and to provide information about, and help Indians to use, other programs and resources which may be available.

Statistical information regarding expenditures on behalf of the mentally retarded by the Bureau's Social Services program usually pertain to those who require residential care in specialized institutions.

During Fiscal Year 1971 the Bureau provided for the institutional care of a monthly average of 330 retarded persons at a cost of approximately $840,000. During the first six months of Fiscal Year 1972, a monthly average of 373 persons were provided with care at a cost of approximately $490,000.

The large majority of Indian persons requiring institutional care receive it from State facilities which serve all citizens of the State. However, on the Navajo Reservation, in Fiscal Year 1972, two specialized residential facilities under private auspices were started for mentally retarded Navajo children only. About 30 children live in these facilities. In addition, a day program under private auspices was started about three years ago for handicapped Navajo children, most of whom are mentally retarded. Some children remain at the latter facility during the week and go home weekends. About 45 children receive care there.

Other Bureau Social Services program activities specific to the retarded include the following:

In the Bethel region of the Juneau Area (Alaska), which includes 40-50 Native villages, a summer program was started three years ago under which children who live in the villages and who are referred as handicapped (including mentally retarded) are brought to a camp for a week where they are provided with a team diagnostic, enrichment, and referral service. Thirty to 40 children are included each year. The Bureau Social Services program participates in each phase of the process along with the Bureau's Area Education Programs Office, the U.S. Public Health Service, and appropriate Alaska State agencies. Social Services meets the children's living costs at the camp, and provides as appropriate the needed social services which are revealed by the diagnosis.

The Bureau Social Services program has participated along with Bureau Education Programs and the Indian Health Service in establishing criteria for the identification of the mentally retarded who appear to have the capacity to attend school. One problem in establishing firm measurements of learning capacity is related to the use of the available test instruments. They have been standardized in non-Indian communities and, generally, norms of child growth and development have not been established on reservation. In the summer of 1971, the Bureau Social Service program participated in a project to obtain developmental normative data on 1,000 Navajo children for use with the Denver Developmental Screening Test. Consideration is being given a second project to be undertaken in the summer of 1972 to complete the establishment of norms.

Assistance is being given to a group of Navajo parents of mentally retarded children who are organizing to work on behalf of their children. When organized, this would appear to be the first such group on an Indian reservation.

In the Aberdeen Area (reservations in North Dakota, South Dakota, and Nebraska) Social Services, along with other community agencies, participated in a survey to identify from their own information and observation, children with learning difficulties, including mental retardation. The survey was conducted under the Area Education Programs Office. A report of the findings has not been published.

Educational Services for the Mentally Retarded. Bureau of Indian Affairs educational services for the mentally retarded, along with other Special Education services, are coordinated at the Central Office level by the Division of Student Services, Office of Education Programs, located at the Albuquerque Field Services Office. The fundamental purpose of providing educational services to the mentally retarded is to insure that each mentally retarded Indian child has the opportunity to develop into as self-sufficient and as contributing a member of his community as possible. To do this, each child must be given the opportunity to develop his personal, social, and vocational skills to the fullest extent of his capabilities.

Bureau education programs are funded on the basis of a teacher-pupil ratio of 1-30. Adequate programs for the educable mentally retarded require a ratio nearer that of 1-10. Since the needs of all Indian children have been so great, specific programs for the mentally retarded have been considered to be too expensive in view of funds available and would have been necessarily conducted at the expense of reducing services to other Indian children, in the absence of categorical funding for special education.

However, the Bureau receives a small amount of funds for pilot programs in special education from the Bureau of Education for the Handicapped of the U.S. Office of Education. These funds, provided under Public Law 91-230, Part B of the Education of the Handicapped Act, amounted to $110,000 in Fiscal Year 1971 and $130,000 in Fiscal Year 1972. The amount of $30,000 in Fiscal Year 1972 was used primarily for the mentally retarded, with the remainder serving those with other handicaps. About 20 percent of these 91-230 funds are used for the mentally retarded.

The Bureau also receives Title I funds from the U.S. Office of Education. These funds are not specifically for special education, but for academic improvement of the disadvantaged. Of $11,702,304 received in Fiscal Year 1971, it is estimated that $800,000 was used for the mentally retarded. Of the $12,477,000 received in Fiscal Year 1972 in Title I funds, it is estimated that $1,100,000 was used for the mentally retarded through direct or indirect services. Approximately 7 percent of Title I funds are estimated to be used for the mentally retarded.

It is estimated that 400 mentally retarded children received services either directly or indirectly in Fiscal Year 1971 and 550 received such services in Fiscal Year 1972. These programs are administered at the school level through coordination and assistance from the Agency and Areas. Direct responsibility for such programs is with the education program administrator at the Agency or Area education offices.

Bureau of Outdoor Recreation

The Bureau of Outdoor Recreation provides services to the handicapped through outdoor recreation-acquisition and development (Land and Water Conservation Fund Grants). This program provides financial assistance to the States and their political subdivisions for the acquisition and development of outdoor recreation areas and facilities to meet current and future needs of the general public.

The statutory authorities for this program are 16 U.S.C. 1-4 et seg. Land and Water Conservation Fund Act of 1965; Public Law 88-578; 78 Stat. 897; as amended by Public Law 90-401 (82 Stat. 354); Public Law 91-485 (48 Stat. 1084), and Public Law 91-308 (84 Stat. 410). Funds allocated for this program which started in calendar year 1964, are as follows:

FY 1971 - $185,400,000
FY 1972 - $255,000,000

Recreation facilities funded by this program must be open to the general public and not limited to special groups. While fund program assistance has been provided for facilities that are designed for ease of use by the handicapped, the facilities may not be reserved for their exclusive and unlimited use. No statistics are available indicated a percentage of funds to be used for the mentally retarded or the approximate number of mentally retarded persons affected by the program.

The Bureau of Outdoor Recreation, Department of the Interior, and various State agencies formally designated by the Governor or the State legislature are specifically responsible for administering the State's Land and Water Conservation Fund Program.

Sums appropriated and available for State purposes each fiscal year are apportioned among the several States by the Secretary of the Interior in accordance with a formula. The amounts apportioned are available thereafter for payment to States for planning, acquisition and development projects.

National Park Service

For some time the National Park Service has been concerned about making the parks more readily accessible for the physically handicapped. It is now standard practice to provide ramps into visitor centers and other facilities for easy access for those in wheel chairs and for visitors who have difficulty walking up steps. This is a continuing program. A refinement of this concern is being planned at Cabrillo National Monument where an electric "golf cart" is to be purchased in order to transport handicapped visitors from the parking lot to the lighthouse.

At Catoctin Mountain Park, the National Park Service cooperates with the Baltimore League of Crippled Children and Adults in its programs during an eight-week period each summer. Park management provides building maintenance, ramps and walks for wheel chairs and provides an old farm site for the exclusive use of the group for camping.

At Cape Cod National Seashore an interpretive trail has been equipped with braille plaques for the blind and similar trails are planned for other areas. A special program for the blind employing sound and touch techniques is in operation at Guilford Courthouse National Military Park. At Horseshoe Bend National Military Park, a National Environmental Study Area has been established for blind children.

Children and adults are bussed to Everglades National Park from Veterans Administration Hospital Boystown, Hope House, Parkway Childrens Home and the Spectrum Dray Rehabilitation Center as a community action program.

The Blue Ridge Parkway has two sections of a campground for the physically handicapped.

Special programs for the "golden age" group and for the mentally retarded are conducted at the Natchez Trace Parkway for neighboring communities.

No special fund allocations are made to finance this program, nor does any legislation exist which specifically authorizes it. This program is a part of the National Park Service's mission to make the parks available to all people within current budgetary limitations irrespective of physical and/or emotional handicap.

Internal Policies and Programs

As a matter of policy, the Department of the Interior employs the mentally retarded whenever and wherever feasible. Approximately 20 such people are currently employed in the following kinds of positions:

- Cartographic Aid
- Clerical positions
- Custodial positions
- Laborer positions
- Office machine operator
- Physical Science Aid

The Division of Employment and Training, Office of Personnel Management in Washington, D. C., coordinates the handicapped employment program which includes the employment of the mentally retarded. This office coordinates all selective placement programs in the Department. No staff is assigned to any one program to the exclusion of other special employment programs.

Summary

The Bureau of Indian Affairs is the major component in the Department of the Interior which devotes significant resources to programs for the mentally retarded. Approximately $2,100,000 of identifiable funds will be expended during FY 72 for programs for the mentally retarded by the Bureau's Social Services and Education Programs.

The Bureau is proposing categorical funding for Special Education services for its school system for FY'74. While only a minor portion of special education needs of Indian children can be traced to mental retardation, retarded intellectual development has rendered a number of Indian children incapable of being educated profitably and efficiently through the usual methods. Therefore, the Bureau hopes to provide additional emphasis to the special education needs of Indian children for FY'74 by funding a portion of such programs directly through the budget process.

1/ Indians are eligible for public assistance under the Social Security Act (Old Age Assistance, Aid to Families with Dependent Children, Aid to the

Permanently and Totally Disabled) on the same basis as non-Indians. In some States eligible Indians living on reservations also receive general assistance from their county department of public welfare; in other States, general assistance is not made available to Indians on reservations.

DEPARTMENT OF JUSTICE

The Department of Justice was established by the Act of June 22, 1870 (28 U.S.C. 501, 503), to provide means for the enforcement of Federal laws, to furnish legal counsel in Federal cases, and to render legal advice and assistance to other agencies. Among its responsibilities are the investigation of Federal offenses and the maintenance of Federal correctional facilities. For the most part, the programs and activities of the Department of Justice affect the mentally retarded only insofar as they become involved in the criminal justice systems. However, both the activities of the Civil Rights Division and the legislative proposals prepared in the Deputy Attorney General's Office also have an impact on the rights of the mentally retarded.

The Office of the Deputy Attorney General coordinates the Department's legislative program. Among proposals which it reviews are amendments to the Federal and District of Columbia Codes which can affect the legal rights of the mentally retarded.

The Institutions and Facilities Office of the Civil Rights Division was established September 6, 1971, and is charged with responsibility for protecting the rights of persons committed to institutions involuntarily by initiating proceedings under Title III of the Civil Rights Act of 1964 (42 U.S.C. 2000b), for developing legal bases for protecting persons not covered by Title III, and for intervening in significant cases pursuant to Title IX of the Civil Rights Act[1] of 1964 (42 U.S.C. 2000h-2). These responsibilities include the protection of the rights of the mentally retarded.

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[1] Title III prohibits segregation in public facilities because of race, color, religion or national origin. Title IX authorizes the Attorney General to intervene in cases filed by others concerning denial of civil rights because of race, color, religion or national origin.

The Bureau of Prisons supervises Federal correctional institutions and community treatment facilities and has, therefore, responsibility for mentally retarded persons who may be charged with or convicted of Federal criminal offenses and placed within the custody of the Attorney General.

The Law Enforcement Assistance Administration, established by Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3701 et seq.), assists States and localities by making grants for the improvement of their criminal justice systems. The grants may encompass a wide variety of programs from crime prevention through corrections. The National Institute of Law Enforcement and Criminal Justice, a part of LEAA, makes grants for research and demonstration projects relating to improvements in the criminal justice system. These activities may impact on the mentally retarded insofar as they come in contact with the criminal justice systems of States and localities.

Office of the Deputy Attorney General

As an incident to its function of coordinating the legislative proposals of the Department of Justice, the Office of the Deputy Attorney General occasionally deals with draft legislation affecting the rights of the mentally retarded. The D.C. Court Reform and Criminal Procedure Act of 1970, which became effective on February 1, 1971, was prepared in the Office of the Deputy Attorney General. Included in that Act was a revision of the D.C. Juvenile Code which, for the first time, made special provision for handling retarded children who might come before the Juvenile Branch of the D.C. Superior Court. The new Juvenile Code authorizes either mental or physical examination, before trial, of a child alleged to be delinquent, neglected or in need of supervision and specifies that out-patient examination is to be preferred over in-patient. Further it requires that if a child is found to be substantially retarded, the juvenile proceedings must be suspended. Thereafter the Corporation Counsel may file civil commitment proceedings, but is not required to do so.

The same Act amended the civil commitment provisions of the D.C. Code to substitute the terms "substantially retarded" for the archaic term feeble-minded.

The Office of the Deputy Attorney General is presently considering legislation to revise chapter 313 of title 18, United States Code, which deals, among other things, with persons charged with federal crimes who are incompetent to stand trial. Such legislation could affect the retarded as well as the mentally ill. It is contemplated that legislation to improve the existing federal law will be ready for submission to Congress before the end of fiscal year 1972.

Office of Institutions and Facilities

Since it was established in September 1971, the Office of Institutions and Facilities of the Civil Rights Division has participated in one landmark case concerning the rights of the mentally retarded. Entering the case of Wyatt v. Stickney in the United States District Court for the Middle District of Alabama as *amicus curiae*, the attorneys for the United States conducted independent factual investigations, pre-trial discovery, and pretrial negotiations on standards of habilitation, and assisted in examination of the facility and its programs by an expert witness. The United States also prepared exhibits and conducted the presentation of factual and expert testimony.

This case, which is the first of its kind, establishes the constitutional rights of the institutionalized retarded. While it deals only with institutions in the State of Alabama, the conditions there are probably not untypical and the precedent will no doubt be significant throughout the country.

At the conclusion of the evidence, the judge described the hospital as a "warehousing institution which, because of its atmosphere of psychological and physical deprivation, is wholly incapable of furnishing treatment to the mentally retarded and is conducive only to the deterioration and the debilitation of the residents." The evidence which the attorneys for the United States helped to present more than supports the judge's conclusion.

There are approximately 2000 residents in the institution, 5 years or older. Moreover, admissions were frozen about 5 years ago and there is a waiting list of approximately 1000 seeking admission. Dr. Phillip Roos, the expert witness presented by the government, described the conditions under which they live in terms that bear repeating.

"One of the units I visited was Cottage 5 B. I asked the attendant where the toys were kept and found they were firmly locked in a chest.***

> I asked to look at these toys. As soon as the chest was open, one of the young boys rushed up and tried to reach in and get a hold of one of these implements. The box was immediately shut and locked again. I was told that because the boys were destructive, the toys would tend to be damaged."
>
> "It was not surprising, I might say, that while we were there, several of these residents voided on the floor; there was no other way for them to do so. Food in that unit is brought in right next to an area where mops, buckets of cleaning materials, brooms and other contaminants are stored. Food had already been placed on the table; there were no residents eating as yet. I had the feeling the food was rapidly getting cold. There was evidence of vermin on this building. I noticed several vigorous cockroaches leaping about the unit."

The doctor went on to describe the restraints used on patients and the lack of individual treatment.

> "I found that one of the residents was bleeding rather profusely from a leg. Since most of these unfortunates are very scantily clad, this was very obvious. I asked the attendant about this: the attendant seemed quite unconcerned and indicated that it was common for this individual to bleed from the leg since he has a tendency to scrape his legs along the benches."

Other evidence developed at the trial indicated that there are some 500 residents at the institution who work without compensation, some have been at work for over thirty-five years without pay. Many are placed in care of the severely retarded with no prior training. In fact, assignment to care for the severely retarded is often used as punishment. One of the agreements obtained in the case is that, as a constitutional minimum standard, no resident shall be required to perform labor and those who volunteer must be compensated in accordance with minimum wage laws.

For some, the trial of this case came too late. On the eve of trial, one child died in a building housing 209 residents and supervised by three aides. He had crawled over a dutch door and into a nurses' station where he consumed enormous amounts of drugs. In April 1971, a wheelchair-bound resident was sprayed by another resident with water from a hose connected to an outlet for dishwashing which dispenses water heated in excess of 140 degrees. It was some minutes before the nearest attendant heard the screams. The scalded man died two days later. Another resident died from internal injuries caused when a fellow resident took the garden hose commonly used for washing residents and inserted it in his rectum at high pressure.

This is only part of the case the attorneys of the Institutions and Facilities Office helped to build. The trial judge concluded:

> "***in order to safeguard the constitutional rights of the mentally retarded in Alabama, massive reform is needed in almost every area of Partlow's operation. This Court intends, in due course, to enter a final Order in this case granting plaintiffs appropriate relief."

The final order of the court has not yet been filed. The United States has filed a brief with the court, however, suggesting detailed standards to the court to insure the protection of the rights of the mentally retarded. The standards suggested are designed not only to insure humane treatment but to guarantee adequate habilitation in order to permit the residents to maximize human qualities and acquire and maintain life skills which will enable them to cope with their environment. Among the points emphasized by the government attorneys is that the conditions at the hospital result in the deterioration and dehabilitation of the residents and that they have a constitutional right, not only to future improvement in conditions, but to treatment on a individualized basis sufficient to eliminate the effects of past deprivation.

At present, attorneys on the staff of the Office of Institutions and Facilities are evaluating the programs and facilities for the retarded in other states and the allegations in other litigation that has been encouraged since the Wyatt case. The effort to bring about reform in institutions for the retarded and mentally ill is part of the Office's continuing program to insure the recognition of constitutional rights, regardless of mental condition or status.

Bureau of Prisons

The Federal Bureau of Prisons administers the entire federal correctional system (18 U.S.C. 4042) which has a present inmate population of approximately 21,500. The percentage of mentally retarded inmates is less than 1% of the total population, partly because of the diversion of youthful offenders to state systems -- correctional or treatment oriented -- and partly because of the limited nature of federal criminal jurisdiction. Of the mentally retarded prisoners in federal institutions, a disproportionate number are confined in institutions for adult, long-term offenders.

As part of its normal process of screening new admissions to federal prisons and correctional institutions, the Bureau administers the Revised Beta Intelligence test. If a possibly retarded person is identified in the screening process, efforts are made to conduct an individual intelligence test. Although attempts are made to provide individualized education programs for persons identified as retarded, they do not often succeed at present and the individual is dropped from school and assigned to a low-index task.

A major difficulty in programming for retarded federal prisoners is that they are few in number and scattered throughout the country in various correctional institutions. It would be theoretically possible to collect all retarded federal prisoners in a single institution and attempt to develop intensive programs for them. This may well be one of the research projects of the soon-to-be-built Behavioral Research Center in Butner, North Carolina. One difficulty which will have to be carefully considered, however, is the disruption of family ties incident to removing an individual to an institution far from his family and local community.

Another consideration with respect to retarded persons charged with federal crimes is the possibility of diverting them from the criminal justice system entirely. This may be one incident of the legislative proposals now under consideration in the Office of the Deputy Attorney General.

Law Enforcement Assistance Administration

The Law Enforcement Assistance Administration was established by Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3701 et. seq.) to provide grants to States and localities to improve their law enforcement and criminal justice systems. Most grant funds under the Act are for block grants to the States but there are some funds available to be expended in the discretion of the Administration. Both block grants and discretionary funds could be available for programs and projects related to the mentally retarded who come in contact with the criminal justice systems of States and localities but they have not been significantly utilized for this purpose.

The 1971 Discretionary Grant Program contained a program category which could have provided funds for the planning of multi-state facilities for special types of offenders, including the mentally retarded. Despite wide distribution of information on this program by the Corrections Program Division of LEAA, no applications for funds for such a program were submitted by the States.

In general, few applications have been received by LEAA for funds to support projects directly related to the mentally retarded. Presently, however, a proposal is under consideration by LEAA's

Philadelphia Regional Office for a grant to support a conference to train criminal justice personnel in recognizing and dealing with mentally retarded adult and juvenile offenders. This grant, if awarded, would be in the amount of $41,000 and would affect personnel from all areas of the criminal justice system in the State of Pennsylvania.

With the exception of North Carolina's, State plans have not indicated that block grant funds have been used for projects which directly impact on retardation. The North Carolina plan, however, indicates that block grant funds will support projects designed to provide specialized educational programs for institutionalized juveniles who have learning disabilities.

Summary and Evaluation

To date, the most positive thrust of the Department's programs with respect to the mentally retarded has been the creation of the Office of Institutions and Facilities and its efforts to establish new law concerning the rights of the retarded. The breadth of its mission and staff limitations will, of course, necessitate its concentration on cases likely to have the broadest possible impact. However, standards, developed by it in connection with individual cases, may serve a broader purpose as the basis for new statutory law.

The planned Behavioral Research Center offers considerable promise in improving programs of the Bureau of Prisons to deal with the mentally retarded offender. What these programs might be, however, is dependent on the research that develops.

State acceptance of the Law Enforcement Assistance Administration's offer of discretionary funds to support projects for multi-state facilities for special offenders was disappointing. Increased public awareness of the problem, however, may lead to an increase in state requests for such funds or, hopefully, inclusion of programs for the identification and treatment of the retarded offender in the State plans for block grant funds.

UNITED STATES DEPARTMENT OF LABOR

Overall Mission and Authority of Department

The Department of Labor is charged with administering and enforcing statutes designed to promote the welfare of the wage earners of the United States, improve their working conditions and advance their opportunities for profitable employment.

I. Employment Standards Administration

Overall Mission

ESA plans, directs, and manages a nationwide Employment Standards Program. It is responsible for a variety of wage and hour programs, Federal contract compliance activities, programs for women, wage determinations under public contracts and Federal employee's workmen's compensation programs.

Mission as Related to Mentally Retarded

One of the wage and hour programs is designed to prevent curtailment of employment opportunities and earnings for handicapped workers including the mentally retarded.

The handicapped worker program is administered by the Branch of Handicapped Worker Problems, Office of Fair Labor Standards, ESA.

Another wage and hour program is designed to protect the health, welfare, and educational opportunities of young workers on the job including those who might be mentally retarded.

It is administered by the Division of Equal Pay and Employment Standards, Office of Fair Labor Standards, ESA.

External Programs

Designation

A. Prevention of Curtailment of Employment and Earnings Purpose

The purpose of the programs generally is to protect employment opportunities for handicapped workers by permitting them to be employed at wages which are lower than the minimum wage applicable under the Fair Labor Standards Act, the Walsh-Healey Public Contracts Act, or the Service Contract Act. Such employment is under special certificates requiring not less than 50 percent of the minimum wage applicable under Section 6 of the Fair Labor Standards Act, except in certain specified cases. In all cases, wages paid to workers under certificates must be at least commensurate with wages paid non-handicapped workers in industry in the vicinity for essentially the same type, quantity, and quality of work. Such safeguards ensure that handicapped workers will not displace other workers.

Legislative Authorization: Legislative authority is based in: Fair Labor Standards Act, section 14(d) 1938 -(Regulations, 29 CFR Part 524, and Regulations, CFR Part 525, issued pursuant thereto), Walsh-Healy Public Contracts Act, section 4 (Regulations, 41 CFR Part 50-201, issued pursuant thereto) - 1942 Service Contract Act of 1965 (Regulations, 29 CFR Part 4, issued pursuant to section 4 thereof) - 1967.

Funds allocated for fiscal year 1971 and 1972: Approximately $450,000 was allocated to the Special Minimum Wage Program in fiscal year 1971. This program includes the activities of the Branch of Handicapped Worker Problems which in turn assists the mentally retarded. About $466,000 has been allocated to the Special Minimum Wage Program for fiscal year 1972.

Calendar year of the Program's start:

(1) Employment of handicapped workers in sheltered workshops - 1938.

(2) Employment of handicapped workers in competitive employment - 1938.

(3) On-the-job training of clients sponsored by state vocational rehabilitation agencies - 1956.

(4) School-work programs for mentally and physically handicapped students - on an experimental basis in 1961; made a permanent part of the program in 1964.

(5) Training sheltered workshop clients in industry. On an experimental basis in 1962; made a permanent part of the program in 1966.

Percentage of funds allocated to or estimated to be used for the mentally retarded: Approximately 20 percent of the funds allocated to the Special Minimum Wage Program is estimated to be used for the mentally retarded.

Approximate number of mentally retarded persons affected: Approximately 31,000 mentally retarded persons will be affected by the various programs in fiscal year 1972 as indicated below:

(1) Sheltered workshops serving primarily the mentally retarded had approximately 23,500 clients for the 12-month period ending March 28, 1972. This does not include mentally retarded clients served in other workshops, but does include some clients with disabilities other than mental retardation who are being served in shops primarily for the mentally retarded. It is estimated a total of 24,500 mentally retarded persons are served by this program on an annual basis.

(2) About 25 percent of the 6,000 certificates, or 1,500, issued for employment in regular competitive industry for workers handicapped by disabilities other than old age were for workers handicapped by mental retardation.

(3) Over 95 percent of the 2,100 temporary certificates, or almost 2,000, issued by state divisions of vocational rehabilitation for employment of on-the-job trainees were for mentally retarded clients, many of whom were attending school in special education classes in the public school systems.

(4) Approximately 3,000 students were employed under the school-work program for mentally and physically handicapped students, the vast majority of which were mentally retarded in special education classes in the public school systems.

(5) The number of workshop clients being trained in competitive industry is not known, but is quite insignificant at the present time especially in comparison with the other programs. It is estimated that 100 mentally retarded persons are served by this particular program.

Specific organizational unit responsible for administering the program: In each of the ten Regional Offices of the Employment Standards Administration, there is a specialist in handicapped worker problems who has the responsibility for administering or supervising the administration of the certification and other programs for employment of the handicapped, including the mentally retarded.

Basic mechanisms for distributing and allocating funds: NOT APPLICABLE

B. Protection of Health, Welfare, and Educational Opportunities of Young People Including Mentally Retarded

Designation

Work Experience and Career Exploration Program (WECEP). The Employment Standards Administration, in cooperation with the Education Departments of several states, is conducting a 3-year study of school-supervised work experience and career exploration programs. The program must be approved by the Administrator of the Employment Standards Administration as well as the Director of the State Education Agency in the respective states. The Department's criteria for approval are contained in Section 570.35a(3). The programs are designed for selected youth 14 and 15 years of age who are considered to be potential dropouts and are classified as handicapped or disadvantaged. The study is designed to determine if part-time work as an integral part of an education program might make school become more relevant to the alienated and disoriented youth. Participants in the program include both handicapped and disadvantaged youngsters. The definition of handicapped youngsters includes those who are mentally retarded.

Purpose: The purpose of the study is twofold: First, provide the Department with information as to whether certain provisions in the child labor standards for employment should be modified; second, provide educators with an opportunity to test the academic effectiveness of school and work experience for this age group.

Legislative Authorization: Authorization for this program is contained in an amendment to Child Labor Regulation 3, Title 29, Part 570.35a (formerly 1500.35a), Subpart C of the Code of Federal Regulations, effective November 5, 1969 to August 31, 1972.

Funds allocated for fiscal year 1971 and 1972: No funds are provided by the U.S. Department of Labor to states in the operation of these programs. States are utilizing funds obtained from the U.S. Office of Education under the Vocational Education Amendments of 1968 supplemented by various means in each respective state.

Calendar year of the Program's start:

November 1969

Percentage of program funds allocated to or estimated to be used for the mentally retarded:

See Funds Allocated (above).

Approximate number of mentally retarded persons affected by the program:

1970 - 1971	1972 - 1973
235	475

Specific organizational unit responsible for administering program: Division of Equal Pay and Employment Standards, Office of Air Labor Standards, Employment Standards Administration.

Basic mechanisms for distributing and allocating funds:

See Funds Allocated (above)

Trends and Projections: Generally speaking, the next few years should continue to show a gradually increasing trend in the number of mentally retarded persons assisted by ESA, Branch of Handicapped Worker Problems. It is anticipated that the number of persons assisted in fiscal year 1973 will increase to 32,500, a 5 percent increase from the estimated 31,000 that will be assisted in fiscal year 1972.

(1) It is estimated that over the next few years, there will be about a 5 percent increase in the number of mentally retarded persons assisted by sheltered workshops.

(2) There should also be a modest increase (approximately 5 percent) in the number of mentally retarded persons employed in regular competitive industry.

(3) Only a slight increase is anticipated in the number of mentally retarded clients served by the vocational rehabilitation program.

(4) A 15 percent increase in the number of mentally retarded students employed in school-work programs is expected over the next few years.

(5) Very little change, if any, is anticipated concerning the number of mentally retarded clients being trained in competitive industry.

II. Manpower Administration

Overall Mission

The mission statement provides for the Assistant Secretary for Manpower:

> "To advise and assist the Secretary on all matters related to the Nation's manpower policies, programs and systems and to provide executive direction for the Nation's apprenticeship, work training, work experience, employment security, unemployment insurance, and related programs."

Mission as Related to Mentally Retarded

The Manpower Administration's responsibilities are identified by such economic and social criteria as income level, employment status and disadvantagement rather than by essentially medical determinations, such as retardation. The mentally retarded who meet these criteria fall within the Manpower Administration's mission.

External Programs

Designation

Although there are no broad operating programs specifically designed for the mentally retarded, such service is directly or indirectly a part of total activities through:

-- Federal-State Employment Service interviewing, counseling, testing and job placement.

-- Training and work projects under Manpower Development and Training Act, Emergency Employment Act, Economic Opportunity Act, Social Security Amendments of 1967.

-- Research and demonstration projects.

-- Booklets, guides, public information activities.

-- The Cooperative Area Manpower Planning System.

Problems in Estimating Individuals Served

A number of factors combine to preclude the possibility of a general, global statement on help to the mentally retarded either in terms of persons served, institutions helped or dollars spent. These factors can be classified as follows:

1. Historical

To prevent stigmatizing much careful energy has been spent to prevent identifying clients with such characteristics as "retardate." One consequence is that Employment Service interviewers are prohibited (United States Employment

Service Program Letter No. 1866, August 10, 1965) from using "appraisal facilities to classify any applicant as being mentally retarded." Another is that the United States Employment Service system (which does 75 percent of the Job Corps screening) destroys all records of candidate Corpsmen who cannot make the required score of 26 (out of a possible 50) on three different forms of the Amons Quick Test.

In addition, the Employment Service Automated Record System (ESARS) in its classification of "handicapped" who have been registered, counselled, trained or placed, restricts the classification to "yes" or "no" handicapped. There is no record of what the handicap encompassed.

The question of labelling has historically created an impediment to remedial action and may continue to present genuine difficulty.

2. Intertwining of Functions Among Agencies

Extent of services is also difficult to access because more than one agency is charged with responsibility in this area and records may not reflect transfer of clients from one agency to another. For instance, Employment Service Program Letter No. 1866 specifically instructs Employment Service counsellors to refer to Vocational Rehabilitation agencies those applicants "who show evidence of being retarded" as well as to accept from Vocational Rehabilitation agencies mentally retarded clients ready for usual job placement services or for training under the Manpower Development Training Act. In effect, severe disability appears to have been regarded as the business of Vocational Rehabilitation, for diagnosis, treatment, support, training and evaluation as to job-readiness and placement. Thus an 8-page primer-type "Interviewing Guide" on Mental Retardation, published by the Employment Service in 1963, although carefully written to emphasize the job-getting and job-holding abilities of many retardates, and including repeated cautions on stereotyping on the basis of single IQ scores or mass applications of the General Aptitude Test Battery, ends with the suggestion of referral to the State Vocational Rehabilitation agency and sheltered workshops "when the applicant is not ready to enter normal competitive work."

There is the hope that general use of the rapidly growing JOB Banks by all agencies concerned with job development and job placement of the handicapped will lead to increased sharing of information and tasks. This could help to bring about an interlocked functioning system of help--a system found lacking in the 1969 report of Greenleigh Associates on "Developing a Model for Employment Services to the Handicapped."

3. Diagnostic Uncertainty

There is the general impression among manpower staff that the mentally retarded are regularly undercounted among clients seeking manpower services. There seems to be little agreement on the answer to the question: How do you tell?

The Manpower Administration's research study "A Survey of the Employment Status of Mentally Retarded Adults in New York City," (published in April 1969, by Jack Tobias, Ida Alpert and Arnold Birenbaum for the Association for the Help of Retarded Children) points out the apparent socio-economic bias of teachers, and other helping professionals in classifying children as retardates, the comparative late age when low-status children are so identified, and the need for full-battery testing.

A key stress of the document is the fact that so many "retardates" simply shed the classification once they leave school. They go to work, marry, function in the community. As one regional executive put it: "If the applicant lacks an arm, you can see it, classify the handicap. But after I myself have seen so many hundreds of apparently retarded men and women succeed in hotel and restaurant jobs--and popular with employers because they are diligent, conscientious, enjoy the routine--I've come to think of the 'disability' in a functioning adult as like a slight heart mumur: something you won't know about unless the client talks about it, and he usually won't."

Culture gaps create similar problems. An Alaska staff man reported: "The client is an Eskimo, and he seems not to understand the jobs you think he might fit. Why not? Vocabulary? Lack of contact with town life? Timid? Or retarded?"

Breakdown of Service by Program

1. Federal-State Employment Service

Purpose and Legislative Authorization: Wagner-Peyser Act established both a system of unemployment insurance and a network of Federally-funded but State-managed public employment offices, operating currently in all 54 autonomous state and jurisdictions.

By explicit provision of the primary Wagner-Peyser legislation, the task has always included service to the handicapped (Section 3 of the Act) and cooperation with state agencies charged with vocational rehabilitation (Section 9 of the Act).

The mentally retarded have always been regarded as part of this specially-mandated clientele (although Section 9 of the Wagner-Peyser speaks of "physically handicapped persons").

Funds

It is not possible to break out funds that provide service to the mentally retarded, because of the difficulties in estimating numbers served.

Rough Estimates of Number Served - Results of Special Survey

For this report, an effort was made to get from the eight states in one of the regions some percentage guess on current services to mental retardates. For many years state Employment Service agencies have been using the assumption that one out of every 20 clients was handicapped in some way. Using this 20 percent assumption as the total service to all handicapped and cautioning those canvassed that any numerical estimates on mentally retarded who were served be "prudently conservative," the survey of service came up with estimates ranging from .5 percent in two states to 15 percent in another.

The reports of two other states provided somewhat harder information.

- -- One state supplied detail tending to show that of 10,089 handicapped clients given some service in the 18 months ending December 31, 1971, a total of 795 (or 7.8 percent) were mentally retarded.
- -- Another state, reporting on clients with handicaps of all kinds that it sent to Vocational Rehabilitation for evaluation, said that Vocational Rehabilitation classified 11.5 percent as mentally retarded.

2. Training Programs

Purpose and Legislative Authorization: The Manpower Administration has responsibilities for training under three acts:

> The Manpower Development and Training Act of 1962
>
> This Act provides for training programs designed "to qualify for employment the many persons who cannot reasonably be expected to secure full-time employment without such training."
>
> The Economic Opportunity Act of 1964
>
> Title IA authorizes the Job Corps as an intensive group-based training program for low-income, disadvantaged young men and women "and emphasizes those currently living in an environment so characterized by cultural deprivation...as to substantially impair prospects" of success in any other type of program. Title IB provides for work and training opportunities and related services to "assist low-income youths to continue or resume their education, and to help unemployed or low-income persons, both young and adult."
>
> The Social Security Amendments of 1967
>
> These amendments mandated the Department of Labor to provide men, women and youth, referred by the public welfare agencies, with

manpower services designed to move them off the welfare rolls and into employment.

By administrative definition, the handicapped have been formally included as one of the categories of "disadvantaged" served by certain Department programs. To be defined as disadvantaged a person must be a member of a poor family and unemployed, underemployed or hindered from seeking work and have one or more of the following characteristics: (1) handicapped, (2) school dropout, (3) under 22 years of age, (4) age 45 or over, (5) member of a minority.

Funds

For the reasons stated above it is not possible to break down funds that provide service to the mentally retarded.

Examples of Service

(1) Manpower Development and Training Act

Contract with National Association for Retarded Children (NARC)

The longest direct-service program is operated through a contract with the National Association for Retarded Children, a voluntary organization dedicated to the welfare of the mentally retarded of all ages.

Starting in 1966, the National Association and the United States Department of Labor, have entered into a series of contracts to encourage employment opportunities for the mentally retarded.

Under the first contract major national firms were encouraged to apply to the Department of Labor for prime training contracts. As a result of this program, some 400 persons were trained and placed into competitive employment with such organizations as Howard Johnson's Company, Marriott Hot Shops, Schraffts, Restaurant Operations, and Sky Chefs, Inc.

A second contract, negotiated in 1967, set up seven full-time coordinators working on a regional basis to create job opportunities by sub-contracting with industrial organizations. Approximately 900 persons were trained and placed.

While these two programs were successful in breaking down barriers to employment of the retarded in a number of areas across the country, it became apparent that there were serious limitations inherent in the regionally oriented structure which had been established. With each field coordinator responsible for project activities in some seven states, it proved impossible to mount a concentrated effort toward identifying prospective employers and establishing relationships with appropriate referral sources in any given area. This over-extension of resources also limited the ability of field staff to effectively utilize the organizational structure and resources of National Association for Retarded Children. In addition, a number of administrative problems were also encountered.

In 1969, NARC submitted a new contract proposal to the Department which was designed to correct these difficulties by: (1) limiting activities of each field coordinator to one state; (2) housing the field staff in the offices of the participating State Associations for Retarded Children and delegating responsibility for immediate supervision to the State Executive Directors; and (3) relocating the Project's national component to the offices of the National Association for Retarded Children's National Headquarters to enable maintenance of necessary administrative and fiscal controls and ensure coordination with other relevant NARC programs.

This proposal formed the basis of a third contract and resulted in providing services to 769 mentally retarded persons.

In January 1971, the National Association entered into a fourth contract with the Department of Labor with goals and objectives that were essentially the same as the previous contract. As of the December 31, 1971 expiration date, an additional 750 mentally retarded individuals were placed into competitive employment in private industry at a cost to the Federal Government of $222,122.

The present contract, running 12 months, to November 1, 1972, calls for placement of 1160 mentally retarded persons in on-the-job training projects at a cost of $395,927.03, or $341.32 per person. By late March of 1972, more than 200 trainees had been placed in jobs in 19 states and the District of Columbia.

Under these contracts, it is the responsibility of field representatives of NARC to involve state and local affiliates in identifying both suitable clients and suitable employers. These employers are then approached and asked (a) to hire the candidate and (b) to sign an On-the-Job Training contract under which the employer guarantees intensive training for eight weeks in return for a Federal subsidy of 50 percent of the trainee's wage for the first four weeks and 25 percent of that wage for the last four weeks. About 85 percent of the men and women so placed remain with the initial hiring employer.

The entry wage must be either the Federal minimum of $1.60 per hour, or the usual entry rate for inexperienced workers in that establishment for that kind of work, whichever is higher. The annual turnover runs slightly less than 15 percent and much of this, of course, represents workers going to better jobs in terms of place, wages, conditions, etc., as well as the usual economic, personal, health and family situations that cause quits or layoffs in any workforce.

Collaboration is expected from the Employment Service at every level. About 30 percent of recent placements have been in service jobs, but a conscious attempt is made to place graduates of vocational rehabilitation "special school" and sheltered workshop programs in higher-paying jobs, ranging from brick-laying and welding to factory work.

(2) Economic Opportunity Act

While no estimates are available on total direct or indirect services to the mentally retarded through the Economic Opportunity Act, the following projects provide examples of the kind of service possible.

-- Neighborhood Youth Corps (for young people 14-21). In one state, an Employment Service office located near a state school for the mentally retarded screens an In-School NYC program for candidates to work as aides with the mentally re-retarded inmates.

In another state an NYC project includes 25 educable mentally retarded youth who spend two hours daily in their own school and then work at landscaping and gardening on sites provided by the Metropolitan Housing Authority and similar agencies. The youngsters are supervised at work by teachers from their own schools. During the summer, Title I, of the Elementary and Secondary School Act, provides funds that permit the program to expand to 50-100 mentally retarded trainees.

-- Operation Mainstream (for older workers). Grounds improvement at Bowen Children's Center, Harrisburg, Illinois, is a work-placement for Mainstream enrollees.

-- Public Service Careers. Green Valley Hospital and School in Greenville, Tennessee, is a work-site for training disadvantaged enrollees.

-- Public Employment Program (Emergency Employment Act of 1971). Funds 25 jobs as mental health technicians at Bowen Children's Center, Harrisburg, Illinois.

- -- Work Incentive Program (Social Security Amendments, 1967). Policy is to screen Mental Retardates for referral to Vocational Rehabilitation agencies.

Research and Demonstration Projects

- -- The Mentally Retarded: Their Special Training Needs. (Manpower Research Bulletin No. 6 - 1964) - contributed to understanding of human and economic valve of providing training and jobs.
- -- Demonstration Training Project, Albertson, Long Island. Human Resources and Abilities, Inc., 1965.

Booklets, Guides, Public Information Activities

- -- Occupations in the Care and Rehabilitation of the Mentally Retarded, 1966 - a booklet published by Employment Service that brought together best current opinion on classification of the retarded and described 27 occupations (from the third edition of the Dictionary of Occupational Titles, with worker traits) regarded as requiring special training and experience with the retarded.
- -- Guide to Job Placement of Mentally Retarded (1964) - multi-sponsored booklet with printing funds supplied by the Employment Service.
- -- TV-Radio - Poster Activities by State Employment Service offices during "Employ the Handicapped Week."

Contributions of Cooperative Area Manpower System (CAMPS)

It is not possible to access the total role of the CAMPS system in aiding the mentally retarded but a report from New Orleans indicates how these local planning systems can assist.

In New Orleans, because of the particular interest of a member of the Cooperative Area Manpower Planning Systems, CAMPS and the Metropolitan Employment Service staff collaborated on a 6-month survey of the handicapped which indicated the presence of 16,000 mental retardates in the New Orleans area "in need of all types of service."

The New Orleans CAMPS group is attempting to mobilize support for a detailed plan to create (buy, or build and equip) a center for vocational training for the educable, a sheltered workshop for extended care, a work-sample testing and motivation center for handicapped long on public assistance roles, and extension of present community diagnostic, evaluation and work-adjustment facilities.

The planning document was written for CAMPS by a special subcommittee representing both the New Orleans Metropolitan Committee on Employment of the Handicapped and the Community Committee to Plan a Sheltered Workshop, with a special consultant drawn from the Community Services Council.

Specific Organizational Units Responsible for Administering Programs

Because of two factors--early identification by the Congress of handicapped persons as primary client under the Wagner-Peyser Act and subsequent inclusion within the group of "disadvantaged" targeted under more recent legislation for skill-training, work-support, work-experience, supportive services and labor-market help--all units within the Manpower Administration have responsibility for the mentally retarded. This includes an estimated 10,000 sub-contractors outside the Federal-State system of local employment offices.

Responsible units include national offices which direct such programs as MDTA, NYC, the JOBS program run in cooperation with the National Alliance of Businessmen, the Job Corps and the Work Incentive Program and individual state-run local employment offices, each of whom is required to have a staff member particularly charged with effecting and over-seeing work with the handicapped.

Trends and Projections

The problems of diagnosis and definition remain. Research aimed at the general effort to help employers establish more realistic job-related hiring standards is expected to continue to indirectly aid the cause of employment opportunities for mental retardates. "Hiring Standards and Job Performance," Manpower Research Monograph No. 18 (1970), is an example of such research. This study of hiring standards in St. Louis and New York in 10 occupations demonstrated an erratic, apparently almost accidental range of employer decisions on whether a high school diploma is necessary for a hotel clerk, or whether the vaguely-defined idea of "arrest record" disqualifies a candidate for work as hospital orderly. Although not directly targeted on the mentally retarded, the study is regarded by the President's Committee on the Handicapped as basic to the general problems of winning acceptance by employers and supervisors of persons able to do and keep a job.

III. Occupational Safety and Health Administration

The primary mission is to assist the Secretary of Labor on all matters that will assure safe and healthful working conditions in places of employment.

These efforts, such as the development and enforcement of standards, training of staff and research activities are concerned with the safety and health of all workers.

At this early stage of implementing this new program concentration is on safety and health standards as they affect all workers.

It appears that the nature of the program and staff functions will provide relatively few opportunities to utilize the mentally retarded.

However, in the future, further consideration will be given to this as well as consideration of the possible need for the development and enforcement of special standards where the mentally retarded are employed.

Pending consideration of special standards, OSHA will use its discretionary authority to see that current standards and enforcement policies do not unduly create hardships for establishments employing the mentally retarded.

Internal Policies and Programs

Department Hiring Policies

The Secretary of Labor, on April 3, 1970, followed up on President Nixon's memorandum of April 18, 1969 with a memo to all agencies and organizations within the Department. The Secretary expressed confidence that the Department would give "earnest support," to the President's request for a commitment to removing any remaining barriers to Federal employment of mentally retarded who demonstrate ability to perform simple and routine tasks.

The Department has had on the payroll for many years employees identified as retarded. Most of those now employed were hired between 1965 and 1968 (14 of 21).

Number of Employees by Administration or Office, as of March 29, 1972

Manpower Administration: National Office	1
Manpower Administration: Regional Offices	1
Bureau of Labor Statistics	12
Office of the Secretary	5
Labor Management Services Administration	1
Employment Standards Administration	1
Occupational Safety and Health Administration	0

Number of Employees by Occupation

Clerical	3
Computer Operators	2
Laborer	2
Mail Clerk	1
Messenger	1

Office Machine Operators	7
Statistical Clerks	2
Supply Clerk	2

Offices Designated for Service

An employee in the Office of the Assistant Secretary for Administration serves, among other duties, as Coordinator of Employment of the Handicapped. She provides a contact point for retarded applicants referred to the DOL from the Civil Service Commission and with the personnel offices of the various units within the Department.

The Employment Standards Administration has a coordinator for employment of the handicapped in its Personnel Office, Branch of Employment.

In the Bureau of Labor Statistics, the clerical staffing specialist seeks referrals from the D.C. Rehabilitation Agency.

Special Educational Activities

Educational activities exist, as described in the section on the Manpower Administration, through booklets, public information campaigns and research activities.

Special Programs

The Department does not provide any special programs for employees with mentally retarded children, or employees who wish to provide aid to the retarded.

Collection of Data and Information

The Employment Standards Administration

Collects data on such matters as client earnings, productivity, disability, workshop location and size (by number of clients and by gross earned income), client turnover, client placements in competitive industry, and payout ratio (percentage of earned income paid to clients as wages).

Data are compiled periodically about every 5 to 6 years. These data are compiled from information furnished by workshops, employers and state vocational rehabilitation counselors on applications submitted for sub-minimum wage certification.

A proposal for a survey of sheltered workshops is currently being considered by ESA. The purpose of the survey would be to provide an objective evaluation of the policies, practices, programs, and services of sheltered workshops in general and the "Work Activities Center" concept established by the 1966 Amendments to the Fair Labor Standards Act. The survey would cover all certificated sheltered workshops in the U.S. (approximately 1,800), and a sample of about 3,000 sheltered workshop clients.

The Manpower Administration

Collects various data through the ESARS system including information on handicapped clients, as cited earlier in the Department's report.

Summary Overview and Evaluation

Department of Labor activities providing direct or indirect service to the mentally retarded stem from the Department's primary responsibility: to promote the welfare of workers.

Service to the mentally retarded is not a formal part of the overall mission statement of the Department, but such service, as it relates to employment activities, has long been regarded and offered as part of the Department's role.

The Department's activity in the area of mental retardation is carried out chiefly through two units: The Manpower Administration and the Employment Standards Administration.

Our capacity to make a judgment on the quality of service to this group has been severely limited by the difficulties in identifying these clients, as described in the report.

Activities of these units contribute to increasing the employability of the mentally retarded through job-related counseling, training and placement; protecting employment opportunities by permitting special wage standards under certain conditions and increasing the body of knowledge about job performance of retardates through experimental, research and demonstration projects as well as through printed and visual materials.

In evaluating these activities, consideration must be given to the fact that the mentally retarded are only one of the categories of clients for whom Labor Department services are intended and among whom resources must be shared.

In terms of recommendations to improve service, analysis indicates that two areas call for further study:

1. There is a need for improvement in diagnosis and coding before any accurate assessment of extent of service can be made. These two factors are interrelated and the question of diagnosis, of course, is generally outside Labor Department expertise.

2. Available information suggests that the degree of service varies considerably among localities. The degree seems to depend on the amount of effort expended by groups or individuals primarily concerned with the retarded to link the retarded to existing services. Assuming that experts in the field of mental retardation view these manpower services as an essential part of successful treatment, perhaps there is need for those with primary responsibility for the mentally retarded to reinforce the existence of services.

DEPARTMENT OF STATE

The Department is primarily responsible for the conduct of international political and economic affairs, for providing consular services and for the representation of the United States Government abroad through our diplomatic missions and consular posts. We execute foreign policy as directed by the President and have various other responsibilities, both in the United States and overseas, by virtue of law or Executive Order with respect to such activities as international educational and cultural affairs, immigration and refugee assistance, etc.

In the Department of State the Director General of the Foreign Service and under him the Office of Personnel have responsibility for appointments, assignments and the career development of all personnel. In the Office of Personnel the Employment Division has action for striving to obtain employment for the mentally retarded. The Career Counselling and Assignments staff is concerned with mentally retarded employees after appointment along with the office where the employee is assigned and our Office of Medical Services.

Positions in the Foreign Service are all designated for staffing under the authorities of the Foreign Service Act of 1946, as amended (PL 79-724), as are almost all of the officer level positions in the Department in Washington. Appointments to such positions require availability for service throughout the world and good physical and mental health. Virtually all positions for employees of the Department of State require security clearance under the provisions of Executive Order 10450, including the several hundred non-Foreign Service employees in the United States whose appointments are currently Civil Service. Considerations for the use of the mentally retarded in such positions are limited by the professional and generally complex nature of the duties performed. There are a few positions, however, to which the mentally retarded could be appointed. These are not readily identifiable but it is estimated that there may be ten or twelve.

Although we are restricted by the nature of the Department's mission and the severe limitations on hiring resulting from position reductions and substantially lower personnel ceilings, we will continue to make serious efforts to appoint the mentally retarded wherever we can work out appropriate a-rangements. For example, we recently appointed a retarded former employee into an area of the Department where this type of specialized employee had not served previously. We hope that this action will stimulate interest and provide a source of additional positions for retarded persons.

Members of your staff have expressed interest in learning what the Department may be doing in assisting with problems of mental retardation through educational exchanges. The Educational and Cultural Exchange Program is administered by the Bureau of Educational and Cultural Affairs for the Department and carried out overseas by the United States Information Agency. The program is authorized by the Mutual Educational and Cultural Exchange Act of 1961, as amended, (PL 87-256). It is funded through appropriations both for the expenditure of dollars and in certain instances foreign currencies.

Operationally exchanges of students, professors and teachers, and other international visitors are carried out by making use of the service of the Bureau or by contractual or grant arrangements with other government agencies or by non-governmental organizations having specific programs concerned with the exchange category. We have obtained from the Bureau of Educational and Cultural Affairs the following information:

1. There has been for several years a furthering of professional interests of teachers of the mentally retarded. For example, in the past five years, 12 foreign teachers have received grants under the exchange program in this field. Six have served as exchange teachers and have provided classroom instruction to students; an additional six have taken part in what is known as

the Teacher Development Program. The latter is a six months training and observation experience provided to foreign teachers in the United States --three months of which is a university-sponsored seminar, and three months a consultation and institutional visiting program.

2. An additional activity which received partial support from the Bureau is a private enterprise sponsored by the Council of International Programs for Youth Leaders and Social Workers (CIP). This organization brings professional workers from some 50 countries to six American cities for annual three month summer programs. In general, the purposes of the exchange are to increase professional knowledge, to promote a better understanding of the United States, and to share the knowledge and interests of the visitors with American families and organizations. In 1972, the CIP participants will number 190 including 14 persons interested in working with mentally retarded children and youth; 15 in the field of mental health work with treatment agencies, and 12 special teachers. The financial assistance provided by the Bureau includes (a) funds for the administration of CIP, (b) program support for about 75 of the participants, and (c) round-trip transportation to the United States for some of the participants. The Department of State has provided approximately $160,000 to assist the Council of International Programs for Youth Leaders and Social Workers with these exchanges.

DEPARTMENT OF TRANSPORTATION

Overall Mission and Authority of the Department - The Department of Transportation was established by the Transportation Act of 1967 to assure the coordinated, effective administration of the transportation programs of the Federal Government; to facilitate the development and improvement of coordinated transportation service, to be provided by private industry, to the maximum extent feasible; to encourage cooperation of Federal, State and local governments, carriers, labor, and other interested parties toward the achievement of National transportation objectives; to stimulate technological advances in transportation; to provide general leadership in the identification and solution of transportation problems; and to develop and recommend to the President and Congress for approval National transportation policies and programs to accomplish these objectives with full and appropriate consideration of the needs of the public, users, carriers, industry, labor, and the National defense.

The Secretary of Transportation is the principal advisor to the President on National transportation affairs and is responsible for providing executive direction and leadership to the Department. The Department is composed of the Office of the Secretary (including the Transportation Systems Center), the National Transportation Safety Board, and the following operating administrations:

The U. S. Coast Guard
The Federal Aviation Administration
The Federal Highway Administration
The Urban Mass Transportation Administration
The St. Lawrence Seaway Development Corporation
The National Highway Traffic Safety Administration.

Staff units in the Office of the Secretary are organized on a cooperative functional basis rather than as advocates for particular modes of transport. The titles of the Assistant Secretaries reflect their Department-wide responsibilities and areas of primary concern:

Assistant Secretary for Environment and Urban Systems
Assistant Secretary for Policy and International Affairs
Assistant Secretary for Safety and Consumer Affairs
Assistant Secretary for Systems Development and Technology
Assistant Secretary for Administration.

The heads of the seven operating administrations are assigned responsibility for strictly modal operations but report directly to the Secretary.

Because of the unique organizational structure of the Department of Transportation we have conducted our review and evaluation of DOT programs having a direct or indirect bearing on the problems of mental retardation on a modal basis (i.e. land, sea, air). Individual modal reports follow:

Overall Missions and Authority of Organization

The Coast Guard is responsible for enforcing or assisting in the enforcement of Federal Laws on the high seas and waters subject to the jurisdiction of the United States. These laws govern navigation, shipping, and other maritime operations and the related protection of life and property. The service also provides and coordinates maritime search and rescue facilities for marine and air commerce and the Armed Forces. Other functions include promoting the safety of merchant vessels, marine environmental protection, furnishing icebreaking services and developing, installing, maintaining, and operating aids to maritime navigation. The Coast Guard has a further responsibility to maintain itself in readiness to function as a specialized service of the Navy in time of war or National Emergency.

The basic authority governing the scope and content of Coast Guard mission responsibilities is set forth in 14 United States Code, Section 2.

Unit Identification Within Organization Where Mission or Authority Relates to the Mentally Retarded

No Coast Guard programs as such have a direct bearing on factors either causing or preventing the occurrence of mental retardation.

However, in the very broad sense of "human ecology" as discussed in the "Annual Report of the President's Committee on Mental Retardation," a number of Coast Guard programs can be regarded as having a favorable impact on the overall incidence and the socio-economic characteristics of mental retardation, insofar as they are primarily concerned with safeguarding and enhancing the quality of of life in the marine environment.

Although it is extremely difficult to quantify the benefits derived, three Coast Guard programs fall into this category. They are:

Marine Environmental Protection
Commercial Vessel Safety
Boating Safety

Our commercial vessel and recreational boating safety programs, for example, by lessening the probability that vessels carrying hazardous, noxious, or otherwise polluting substances will collide, ensures that our rivers and waterways present less of a health problem than would otherwise be the case.

By the same token, our environmental protection programs contribute to the desirable and beneficial end that our beach and water recreational areas are not contaminated by mercury and other substances capable of causing illness or infection or outright neurological damage.

Beyond the very general impact of these programs, however, the direct and indirect significance of Coast Guard programs on the prevention and alleviation of mental retardation cannot be identified in any meaningful sense.

Identification and Description of External Programs, Services, and Activities Presently Providing Direct or Indirect Services to the Mentally Retarded

No external programs of the Coast Guard are presently providing direct or indirect services to the mentally retarded.

The Coast Guard, of course, participates in the government wide employment programs for mentally retarded personnel. However, these programs are primarily under the direction of the Civil Service Commission and should be identified in their assessment.

Total Program and Effort Related to the Mentally Retarded

The total program effort of the Coast Guard related to the mentally retarded cannot be quantified in any meaningful sense. However, a number of Coast Guard programs, by maintaining and enhancing the environmental quality of marine coastal areas, indirectly relate to the reduction in the overall occurrence of mental retardation to some degree.

Appraisal of Effort, Suggestions for Future Steps, and Recommendations

Coast Guard mission responsibilities do not extend to the establishment of programs whose primary or even whose secondary impact is designed to prevent the occurrence of specific health problems--such as mental retardation. Such programs more appropriately fall within the responsibility of the Department of Health, Education and Welfare or the Department of Agriculture--insofar as it has the authority to supply food necessary to meet nutritional or dietary standards in poverty stricken areas.

To the extent resources permit, the Coast Guard would be pleased to cooperate with these agencies, or with other government agencies whose programs are more directly related to the problems of mental retardation.

Of particular significance in this regard is the fact that the Coast Guard operates a number of search and rescue and aids to navigation stations located in remote and isolated coastal and ocean areas, as for example, in the Pacific and in Alaska. To support these stations, the Coast Guard also operates an extensive logistics system, both by air and by water which is capable of carrying additional personnel and supplies. Accordingly, the Coast Guard will consider entering into cooperative agreements with other Federal agencies desiring to systematically upgrade the scope of their programs to reduce mental retardation in these areas.

Mission and Authority of the Federal Highway Administration

Administration, in cooperation with the States, of the: (1) Federal-aid Highway Construction Program, including primary, secondary, urban and interstate programs; (2) TOPICS Program concerned with traffic congestion, improving the capacity and efficiency of urban street systems, and related facets of street and highway safety; (3) Highway Safety Improvement Program concerned with the correction of high safety hazard locations on existing roads and highways; (4) Highway Beautification Program and related activities directed towards the preservation of the highway environment with respect to the conservation of the natural beauty of the countryside, public parks and recreation lands, wildlife and waterfowl refuges, and historic sites; (5) development and coordination of defense plans and operations as related to highways; and (6) other highway related programs.

Administration of the Direct Federal Construction Program, including: survey, design and construction of forest highway system roads, parkways and roads in national parks and on other Federal lands.

Provision of assistance under Appalachian Region Development Act of 1965, as amended, for construction of a development highway system and local access roads serving the Appalachian region.

Provision of technical assistance and advice to foreign governments in the various phases of highway engineering and administration.

Provision of technical assistance and advice to States in the various phases of highway engineering and administration and highway and motor carrier safety.

Administration, in accordance with the provisions of the Highway Safety Act of 1966, of a coordinated national program of financial assistance to the States to accelerate development and implementation of highway oriented highway safety programs at State and local levels, including related research and development, in the areas of: (1) highway design, construction, and maintenance, including highway related aspects of pedestrian safety; (2) identification and surveillance of accident locations; and (3) traffic control devices.

Regulation and enforcement of Federal requirements relating to the safety of operation and equipment of commercial motor carriers engaged in interstate or foreign commerce, including those whose operations are specifically exempt from economic regulations; and governing the safety in movement over the Nation's highways of dangerous cargoes such as explosives, flammables, and other hazardous materials.

Office of Highway Safety

The purpose of the State-Federal Comprehensive Highway Safety Program is to increase highway safety. Legislative authority, Title 23, USC Section 402. Program was started in FY 1967.

No funds are specifically allocated for measures to aid the mentally retarded. However, measures to improve pedestrian safety and to improve the effectiveness of traffic control devices are considered to be responsive to these persons. An estimated 20 per cent of the funds spent could result in a direct or indirect benefit for the mentally retarded.

The number of mentally retarded persons affected by the Safety Program may be estimated to be 2,000,000, based on the portion of the 6,000,000 assumed to be living away from institutions and thus exposed to implemented safety measures.

The program is administered by the Governor's Highway Safety Representative in each State, with Federal approval at the FHWA regional level. The Office of Highway Safety is the Washington office responsible for overall technical and administrative guidance. Program funds are allocated on a project basis.

In the area of traffic engineering services, program efforts are directed toward providing uniform application of control devices, as well as control devices which have simple, clear meanings. The use of symbol signs as specified in the Manual on Uniform Traffic Control Devices is an example of measures which would make roadway signs more understandable to the mentally retarded.

Under the pedestrian safety standard, funds are expended to develop "safety towns" for the training of school children. While these have not specifically been developed for the mentally retarded, the facilities would be readily applicable to the training of these persons.

Efforts should be made to utilize existing safety towns for the mentally retarded, expand use of symbol signs and conduct special investigative studies to determine the scope of any particular problems the mentally retarded are having in regard to safe vehicle and pedestrian movement.

Office of Planning

A broad mandate for taking account of such aspects of highways as their effects upon special groups--the handicapped, poor, young, and old as well as racial and ethnic groups--is given in Section 136(b) of the 1970 Federal-Aid Highway Act. Under this section, the FHWA is directed to ensure that all environmental factors are properly considered in highway decisionmaking. FHWA is in the process of preparing guidelines enabling the State highway departments to formally and systematically consider--throughout the entire process of planning, locating, and designing a highway--all the effects the highway may have upon human life as well as upon the external environment.

Some areas of consideration applicable to the needs of the mentally retarded follow:

Urban Transportation Planning

The mentally retarded, for the most part, are not able to drive automobiles, and are therefore dependent upon public transportation and walking. The Federal Highway Administration, as part of its urban transportation planning responsibilities, encourages the provision of public transportation for people to whom automobiles are not available.

The "Highway Planning Program Manual" cautions: "Unfortunately, today's public transportation systems too often leave unserved those who most need service--the poor, the handicapped, the old, and the young." The manual suggests that, as metropolitan areas grow larger and larger, the ability to solve transportation problems by means of the automobile alone becomes impractical, if not impossible. The solution to such problems is to develop a combination of private and public transportation facilities into a system that utilizes each mode to its best advantage and best achieves the goals and objectives of the urban area.

To facilitate the coordination between highway facilities and public transportation service, a study is being sponsored by FHWA according to the requirements of Section 144 of the 1970 Federal-Aid Highway Act in order to determine the nationwide needs of public transportation service for new or modified existing highway facilities. Every effort to improve public transportation will, of course, benefit all who are dependent upon it for mobility.

In order to design a system to meet the transportation needs of the entire public, studies are being conducted to determine the requirements of special groups, including the handicapped. The fulfillment of FHWA's mission to provide arterial highway systems to serve regional needs will benefit local areas by making their streets safer, as the fast through traffic is removed. The mentally retarded, like other handicapped people who cannot use automobiles, have the need for safe, comfortable, and pleasant pedestrian accommodations, both as a supplement to public transportation and as an independent mode. A study is being sponsored by the Office of Program and Policy Planning to fill the gaps in our knowledge of pedestrian needs in order to permit successful introduction of pedestrian considerations into transportation and environmental planning.

A recent study of the suitability of taxis as a means of transportation for the elderly has some relevance for the mentally retarded, in whom secondary disabilities, such as impaired motor functioning, vision, or hearing, occur more frequently than in the general population. Taxis and specially designed "handicabs," because of the flexibility of routing and the absence of architectural and psychological barriers to their use, have the potential for solving many of the transportation problems of the aged, physically handicapped, and mentally retarded.

A study is being conducted to determine where present urban transportation systems are failing to provide adequate service, so that these systems can be made to function better on behalf of the transportation disadvantaged--persons too poor to own automobiles and those unable to drive because they are too old, too young, or mentally or physically handicapped. This study seeks to identify and describe the characteristics of these groups, determine what is involved in their transportation problem, and forecast their unmet needs.

Relocation Assistance and Advisory Services

The construction of major highway improvements nearly always involves the displacement of people and businesses. In recent years, approximately 20,000 dwelling units and 4,000 businesses have been displaced annually because of land acquisition for highway rights-of-way. The proportion of displaced persons who might have been mentally retarded is unknown. However, they and other displaced persons would have been entitled to the relocation assistance provided under pertinent Federal legislation.

Some form of relocation assistance (advisory assistance to individuals and payment of moving expenses to the extent permitted by State laws) has been authorized in connection with Federal-aid highway programs since 1962. The 1968 Highway Act, in an effort to minimize the hardships suffered by displaced persons--especially the handicapped, the poor, and the aged--required relocation and advisory services on all Federal-aid Highway projects. Besides the payment of fair market values for acquired properties, the 1968 Act authorized additional payments to homeowners and tenants, where necessary, to assist them in obtaining decent, safe, and sanitary housing comparable to their housing before displacement. The comprehensive relocation assistance program required under the 1968 Highway Act differed significantly from the assistance provided by other governmental agencies whose activities caused displacement.

The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, providing for uniform and equitable treatment of persons displaced from their homes, businesses, or farms by Federal or federally assisted programs, requires relocation services similar to those provided by the Highway Act of 1968 but differs from the Highway Act by permitting higher additional payments for obtaining replacement housing. As of March 1972, 46 States and the District of Columbia have legal authority to put into effect the provisions of the Uniform Relocation Assistance Act.

The FHWA encourages the States to provide the relocation services authorized under the Federal laws. The FHWA has sponsored training sessions for Region, Division, and State personnel to familiarize them with the provisions of these laws. Specifically, with respect to the provision of services for the elderly, handicapped, mentally retarded, and other disadvantaged groups, the FHWA encourages the States to make their relocation personnel familiar with the services provided by other State and Federal programs particularly those administered by the Department of Housing and Urban Development (HUD), Small Business Administration, Social Security Administration, and the Department of Health, Education, and Welfare (HEW). The informed relocation specialist, in turn, can advise the mentally retarded person (or his guardian) of the various options open to the displaced person. Such options in the case of mentally retarded people may include referral to social services.

Community Effects

An important goal of present programs for the mentally retarded is to enable these people to live within neighborhoods as normally and independently as their disabilities permit. To the extent that institutional life is required, segragated life in large institutions is giving place to community-oriented life in small neighborhood-based institutions. This change has not yet progressed to the point where the social characteristics of neighborhoods reflect the presence of significant numbers of mentally retarded persons, but the general quality of life in neighborhoods will increasingly have a bearing on the well-being of the mentally retarded.

The effects of highways on neighborhoods has been the subject of considerable research sponsored by FHWA with a view (1) to determining how detrimental effects can be mitigated or avoided and (2) to using highways, where possible, as a planning instrument for enhancing neighborhood values.

One recent study, "Highway Improvement as a Factor in Neighborhood Change" was designed to provide techniques for estimating the impacts of highways on the neighborhood remaining after right-of-way acquisition. Research is now being conducted to determine whether the social effects of highways can be predicted and to develop a set of social indexes for this purpose to be used by highway planners.

Another current study analyzes the usefulness of land values as an indicator of community or neighborhood change. Such effects of highways are studied as noise and air pollution, changes in vehicle or pedestrian access, and changes in neighborhood services or amenities.

Rural Transportation

In rural areas, the transportation problems of the mentally retarded, like those of the elderly and disabled, can be acute. FHWA sponsored a research study entitled "Transportation Needs of the Rural Poor," a group that includes many mentally retarded people. One of the objectives of the study was to evaluate alternative methods for providing both work trips and non-work trips for such purposes as shopping and medical treatment in Raleigh County, West Virginia. For non-work trips, the study recommended, in the order of least cost per mile, (1) use of school buses, (2) use of other vehicles, and (3) improved service from the local Community Action Association bus.

During the past year, both North Dakota and South Dakota State highway departments indicated an interest in conducting demonstration projects designed to ease the transportation problems of rural people. One of the major barriers to FHWA's participation in such programs appeared to be the inability of FHWA and the States to utilize Federal highway funds for the purchase of "rolling stock" such as buses to be used for these projects.

OFFICE of Right-of-Way and Environment - Joint Development and Multiple Use of Highway Rights-of-Way

Purpose is to mold highway and non-highway uses in an environmental and functional whole wherein communities may utilize opportunities to develop needed public and private facilities in connection with a highway project. The facilities may include a full range from direct medical clinics to establishments offering employment for unskilled and semi-skilled workers to low and moderate income dwelling units in addition to the highway itself. Facilities off the right-of-way that are planned and scheduled in conjunction with highway construction are also considered part of the program.

Multiple use of right-of-way is provided generally by 23 C.F.R. 1.23 and for Interstate highways specifically by 23 USC 111. Joint development planning activities are based on Sections 109 and 128 of 23 USC.

No specific funds are allocated; certain limited costs are eligible for Federal-aid project funds to assist in planning, feasibility studies, right-of-way acquisition, site preparation and highway design and location adjustments according to PPM 21-19, IM 21-2-69 and PPM 80-1.

The program was started in 1967.

It is estimated that approximately 25 per cent of Federal-aid highway project costs are devoted to environmental and social concerns. Possibly 5 per cent would relate to the social and another 10 per cent to health.

Administered by State highway departments; reviewed as part of highway projects by division and regional offices. Responsible central office unit is the Associate Administrator for Right-of-Way and Environment.

For costs that are eligible, the allocation for the highway project itself applies.

Consideration of Environmental, Social and Economic Effects of Highway Location and Design

The purpose of this activity is to assure that any adverse effects of highway construction are minimized or eliminated and that any opportunities for beneficial effects are optimized. This general heading includes a number of activities such as public hearings, intergovernmental and interdisciplinary coordination, community meetings, and preparation of environmental impact statements in the processing of a highway project from initial programming to detail design. All these steps are designed to bring out relevant concerns to the improvement of the mentally retarded as one of many groups that may be or should be affected. For example, these may be receptor areas for the disadvantaged, marginal employment establishments, informal treatment centers and the like that might be threatened. These may be community plans for services or treatment to the mentally retarded that could be supported through joint development planning and for multiple use of highway right-of-way. The procedures now in effect identify factors early enought, by and large, for mutual adjustments by highway and community interests to plans, designs, and schedules.

Major legislative authorization is provided by 23 USC 128, the National Environmental Policy Act of 1969, and the Federal-Aid Highway Act of 1970 although these objectives were an important element of the Federal-aid highway program since its inception.

No specific funds are allocated; these activities are a normal part of project cost.

Public hearings became a requirement in 1950 and environmental statements in 1970. Documentation of how a State has treated concerns of the public in proposed highway improvements has been an element of Federal agency review for many years.

It is estimated that approximately 25 per cent of Federal-aid highway project costs are devoted to environmental and social concerns. Possibly 5 per cent would relate to the costs of considering effects.

The total program should include all persons in the service area of the highway facility or facilities used by the retarded that are affected by the highway improvement.

The allocation for the highway project itself applies.

Office of Administration

Authority for employment of the mentally retarded is delegated to the Employee Utilization Branch and to FHWA Regional Administrators in the field. This office is not involved in external programs, services and activities in this area.

Our program for employment of the mentally retarded has been reasonably successful. Presently, FHWA employs eight retardees in positions involving routine clerical, card punch, messenger, and duplicating work. Preappointment processes included arrangements with the Civil Service Commission and local vocational rehabilitation agencies for the referral of retardees well suited for positions we had specifically designed for filling under the President's Program and who could be expected to adjust satisfactorily to their new work environment. Our preappointment processes also included orientation of selected supervisors in methods and techniques of training, guiding and instructing the mentally retarded and in the proper handling of situations normally expected to occur. Supervisory recognition of special accomplishments is stressed in our efforts in this Program area and as a result some of our retardees have been promoted or have received outstanding ratings and cash awards.

Office of Engineering and Traffic Operations - Office of Highway Operations

The current FHWA training program is primarily aimed at developing skilled crafts in highway construction. By far, the largest number of skilled trainees is in the equipment operators category which would amount to about 40 per cent of the total trainees. The operating memorandums indicate that emphasis should be given to minorities and disadvantaged individuals. There is nothing in the written procedures that would specifically encourage the use of mentally retarded types; however, there is nothing that would prohibit the use of mentally retarded individuals if the type of work involved was suitable.

In view of the inherent safety problems related to most highway skills, it would be our opinion that a very limited number of mentally retarded trainees could be accommodated in our program without taking undue risks in regard to safety.

Some of the training programs have entrance requirements that could preclude entrance by some of the mentally retarded types.

Office of Engineering and Traffic Operations - Office of Engineering

Engineering aids to mentally retarded:

1. Highways include pedestrian ways, along and across. The provision of walks themselves and the marking, special signals and signing measures provided at crosswalks are aids.

2. Curb cut ramps at street intersections and in safety rest areas, together with handicapped person treatment for toilets, doors, fountains, etc., in rest areas contribute.

3. Improved traffic control devices of all types (large traffic signal lens, diagrammatic and symbol signs, walk and street striping, pedestrian islands, etc.) make safe use easier.

4. In a few cases some playgrounds, trails, other recreation areas or small sitting parks are developed as part of the highway projects, which aid the cause.

5. Better highway design features make the highway simpler to use, both for the driver and the rider and also the pedestrian. Following is an expanded explanation of these features.

Highway Design Features that are of Aid to the Mentally Retarded

Benefits that accrue to the mentally retarded as a result of design features incorporated within highways fall into two broad categories: those that benefit the more fortunate ones who are competent to drive, and those that benefit the more seriously retarded persons who must travel as passengers only.

Many of the features included in the design of highways serve to lower the level of retardation at which people can be judged competent to drive. A major consideration in the highway design process is simplification, with the aim of making it easy for the highway user to avoid mistakes, and further, to allow the driver who does make a mistake an opportunity to correct the error before meeting with disaster. A highway that accomplishes these things is sometimes referred to as a "forgiving highway". Design features that simplify the driving task are not for the exclusive benefit of those who suffer some degree of mental retardation. They serve the entire motoring population and especially the inattentive or preoccupied drivers and those who have been drinking. Nevertheless, there are many people now traveling our highways in safety who would not be judged mentally capable of driving safely were it not for the highway safety features that simplify the driving task.

Among the features that make up the "forgiving highway" are clear roadsides free of hazardous obstructions, breakaway sign supports, well-placed guardrail, median separators for opposing traffic on multilane highway, gentle side slopes, relatively flat grades and long radius curves. All of these features make for easier driving and easier recovery from faulty driver actions.

Decisionmaking is simplified by providing long sight distances in advance of points requiring driver action. It is standard practice to provide long sight distances and this, in conjunction with large, simple signs, such as the recently approved diagrammatic types, make it possible for drivers to make timely and proper decisions even when suffering some degree of mental handicap.

Office of Civil Rights

The Office of Civil Rights serves as the principal staff advisor to the Administrator on civil rights and equal opportunity matters; assures full and affirmative implementation of civil rights and equal opportunity precepts within FHWA, representing organizations, and recipients of

FHWA sponsored Federal assistance; and monitors program activities of FHWA and recipients to see that minorities are afforded equal opportunity.

All of our civil rights divisions and personnel in headquarters are dedicated to the above mission and by carrying out that mission, our program and activities assist minorities directly. We indirectly help those minorities who happen to be mentally retarded, to obtain employment, housing, education, safety benefits, etc., thereby elevating themselves and their families.

The legislative authorization for our program is the U.S. Constitution, Executive Order 11246, as amended, the Civil Rights Acts of 1964 and 1968, the Federal-Aid Highway Act of 1968 and other statutes.

The FHWA Civil Rights Program dates back to 1966 but really began to function when the Office of Civil Rights was created in June 1969.

We do not know the amount of our program funds which would indirectly help mentally retarded minorities nor do we know the number of minorities who happen to be mentally retarded, although we assume there are a few.

The Office of Civil Rights is now and will continue to carry out our mission which will directly benefit, uplift and encourage minorities everywhere and indirectly do the same for those minorities who happen to be mentally retarded.

Bureau of Motor Carrier Safety

The purpose of the Federal Motor Carrier Safety Program is to administer safety criteria by regulation for motor carrier transportation operations in interstate or foreign commerce and to provide enhanced highway safety conditions.

Legislative Authorization. (1) The Interstate Commerce Act, Part II, August 9, 1935, as amended. (2) The explosives and Combustibles Act Section 831-835, Title 18, U.S. Code, relative to movement of dangerous articles by public highway. (3) The Department of Transportation Act of 1966. The program was started in 1935.

To the extent the program's efforts upgrade the general public safety, then indirectly all its funds provide benefits in which the mentally retarded share. In the sense that this national program provides for improvement in the transportation system affecting the general public, all mentally retarded are affected. All funds are utilized for salaries of Federal civil service personnel and related expenses for program activities. There are no grants or demonstration projects.

The motor carrier segment of the transportation industry in the United States involves about 150,000 motor carrier business entities who operate over 3 million medium and heavy commercial vehicles and approximately 5 million full- or part-time commercial drivers. One quarter of all the freight carried (in ton miles) in the United States is carried by motor truck. Almost all freight at one time or another in its transit is handled by motor carrier. Many thousands of cities, towns and communities are logistically serviced only by highway. The Federal Motor Carrier Safety Regulations are directed toward the basic elements of motor carrier safety which provide the minimum standards deemed necessary for safe over-the-road operation. The regulations are founded on the principle that a safe operation requires an adequate vehicle properly maintained and a qualified driver properly supervised. The regulations, therefore, govern: the minimum qualifications of truck and bus drivers; the maximum hours of service of drivers; the installation and use of vehicle safety appliances; observance of safe operational practices; establishment by the carrier of systematic vehicle inspection and maintenance practices; reporting and recording accidents; packaging, placarding, loading and movement of hazardous materials cargoes. The contributions of this program are to safety on the public highways and to improvements in the Nation's transportation system. The benefits derived from this program are shared by the general public and improving the well-being of society indirectly improves conditions for the mentally retarded.

The Federal Motor Carrier Safety Program, as gauged by the motor carrier accident frequency rate drawn from carriers' reports, shows a stabilized accident rate under conditions of expanding exposure and risk circumstances. Increased efforts and the application of more resources promises to maintain or improve the level of safety in motor carrier interstate commercial operations in face of projected industry growth, thus continuing to contribute to the safety and well-being of all the members of society.

NHTSA Programs Having a Bearing on the Problems of Mental Retardation

The mission of the National Highway Traffic Safety Administration is to save lives and reduce the number of injuries that result from highway crashes on our nation's roads and to prevent these crashes. The mandate of the Congress to carry out this mission is found in the National Traffic and Motor Vehicle Safety Act of 1966 and the Highway Safety Act of 1966.

Under the Highway Safety Act, the Secretary is authorized to promulgate performance standards for State highway safety programs. By law, each State must have a program of driver education available for all persons of driving age. Driver education is the only area of NHTSA activity that relates directly to the mentally retarded. However, many of the programs involve both the physically and mentally handicapped. We cannot separately identify those aspects that deal solely with the mentally retarded. For the same reasons, we cannot determine the amount of Federal funds that have been directed specifically at programs for the mentally retarded. Therefore, any references to the handicapped will indicate both physical and mentally impediments.

In Fiscal Year 1972, 7 States (Indiana, Missouri, Nebraska, Oklahoma, Pennsylvania, Alabama and Michigan) have some type of driver education program aimed at improving the understanding of the handicapped of driving and pedestrian practices. The programs involve training of teachers as well as programs that deal directly with the handicapped. In two of the States, for instance, Special Education teachers, who have experience with handicapped youth, are participating in comprehensive courses on driver education. When they have completed the course, these teachers will use their experience as special teachers as well as special instructional materials to teach handicapped youths about driver and safety education.

We believe that these programs in driver education are extremely important in assisting handicapped youngsters to develop not only safety skills but also the confidence and awareness that are essential to establish a place for themselves in society.

The missions of the Federal Aviation Administration as set forth in the Federal Aviation Act of 1958 are:

1. To insure safety
2. To promote air commerce
3. To support national security

Of necessity, any program, service, or activity which the Agency properly performs must contribute to the accomplishment of one or more of these three missions. We can generally assume that the mentally retarded make up only a small portion of the flying public and that they would not utilize aircraft to reach organizations and institutions providing services for them. Therefore, due to the nature of our mission, we are unable to be responsive in these areas.

FAA has fully participated in the Government's program for employing the mentally retarded since its inception. A 1970 report shows that we employed a total of 31 mentally retarded persons. While we have not maintained statistics on subsequent employment of retarded persons, we believe the number to be about the same at this time.

It is felt that President Nixon's national goals established in this regard are most worthwhile. FAA shall gladly assist the Department and the President's Committee on Mental Retardation in whatever way possible in implementing this program.

PROGRAMS AFFECTING THE MENTALLY RETARDED

(A review of programs in the Office for Safety and Consumer Affairs of the Department of Transportation having a direct or indirect bearing on the problem of mental retardation.)

Introduction

This office wishes to make clear that it has no identifiable, on-going programs directly related to the needs of the mentally retarded. However, from both the point of view of safety and of the consumer, this specialized group in society represents an area of considerable concern to us. We have, therefore, made a number of observations and suggestions regarding the relationship of the mentally retarded to transportation which we believe are pertinent to understanding the problem and to finding ways to achieve the national goals described by President Nixon.

1. Overall mission and authority of the Office for Safety and Consumer Affairs:

   "It is the purpose of....office to give leadership, coordination and emphasis, at the Secretarial level, to the development of Department-wide safety and other consumer-oriented programs. Consumer interests range into such matters as convenience, comfort, economy, responsiveness and quality." (Secretary John A. Volpe, San Diego Law Review, February 1971)

2. Unit identification within the Office for Safety and Consumer Affairs where mission or authority relates to the mentally retarded:

   The focus for the concern for the mentally retarded lies with the Office of Consumer Affairs and the Office of Safety Program Coordination.

3. Identification and descriptions of external programs, services, and activities presently providing direct or indirect services to the mentally retarded:

4. Total program and effort related to the mentally retarded:

Background

In November 1971, President Nixon pledged major support to achieve two national goals:

> To reduce by half the occurrence of mental retardation in the United States before the end of this century.
>
> To enable one-third of the more than 200,000 retarded persons in public institutions to return to useful lives in the community.

In order to understand how the Office for Safety and Consumer affairs can assist in meeting these goals, it is important to know something about the causes of mental retardation.

1. During Pregnancy

The incidence of mental retardation is high among children who are born prematurely. The diseases of measles and rubella during pregnancy often develop the conditions for mental retardation. A pregnant mother may have metabolic disorders during pregnancy which require special forms of diet therapy.

2. After Child Birth

If there are indications of mental retardation at or following child birth, prompt medical and nutritional care can make an appreciable difference. It is important that the mother have special instruction in how to handle such situations.

3. During the Child's Growing Years

Most mentally retarded children are educable and yet nearly half of the Nation's school districts still offer no special education classes for the mentally retarded. During the MR child's adolescence, specialized job training is often necessary, as is counseling and job placement. As he reaches maturity, suitable independent living arrangements should be worked out in many cases.

Through the above cursory review, it is readily apparent that there are apt to be special transportation problems for both the educable and the trainable mentally retarded. Some of these have to do with safety measures and some with making transportation more accessible and easy to use. (The educable mentally retarded person is generally classified as having an Intelligency Quotient of from 50 to 70. Those who are trainable in some measure, though not educable, are generally classified as having an I.Q. of from 20 to 50.)

The Problem of Transportation Service for the Rural Poor

The incidence of mental retardation is markedly higher in the poverty areas of our nation including rural sections. The Office of Consumer Affairs, in its conduct of consumer hearings in backward rural areas of Tennessee, learned that large numbers of the rural poor either do not have automobiles or have autos that are more often than not out of order and not reliable. At the same time, there is no public transportation. These citizens are isolated, therefore, from medical clinics, educational services, emergency treatment and other services that are needed to prevent or reduce mental retardation.

Recommendations

Consideration should be given to subsidizing some type of public transportation in rural areas. An adequate rural road system should be maintained. One alternative is to make use of rural school buses and bus routes for those who need the kinds of services that would prevent mental retardation. Another alternative is to develop a mail delivery vehicle that could also be used for carrying passengers to local centers for a variety of human services, in addition to carrying the mail.

The Problem of Transportation Service for the Inner City Poor

As with the rural poor, mental retardation is especially prevalent in the poverty areas of the inner city. We also know that the handicapped, the elderly, the mentally retarded and other indigent groups tend to concentrate their residence in the inner city where services are close by. At the same time, adequate public transportation in urban areas is a critical factor to these groups.

Recommendation

It is recommended that a program of subsidies be further developed which will help to maintain frequent and comfortable public transit services in urban areas.

The Problem of the High Cost of Fares on Public Transit

Since the mentally retarded are found in large measure in the ranks of poverty, it may be necessary to make free or heavily subsidized fares available to MR's so that they can undertake programs of self-development and lead useful lives in the community. As EMR's (educable mentally retarded) reach adulthood, it is recommended that they find independent and suitable living accommodations. Usually, however, this cannot be done without some supervision. This has given rise to group homes or community homes for MR's. The residents leave the home or community each day for education or training programs to fit their needs or to maintain jobs that have been adapted to their skill level. These group homes, however, have frequently gone bankrupt because of the high cost of providing door-to-door transportation and because there have not been supplementary funds for paying the fares on public transportation. Especially for trainable MR's, it usually becomes necessary for a traveling companion to accompany the MR to his place of work or training. His fare should also be subsidized.

Recommendations

Serious consideration should be given to subsidizing the use of taxi cabs for MR's. This has the added benefit of eliminating the need for a traveling companion. Subsidize or give free fares to MR's who are able to handle the public transit system, assuming their income level is low.

The Problem of Extra Safety Precautions

Planners and designers tend to plan their safety features for those individuals in society who fall within the normal range of intelligence. For the mentally retarded, it is another matter. They are not as perceptive or as quick to see, to hear and to react to danger. For example, at a subway loading platform, it might not be at all necessary to have a railing separating the platform from the track for the normal individual, but it may be very important for the mentally retarded.

Recommendations

It is recommended that guidelines be established in designing and in developing transportation facilities and safety features which take into consideration the ability of the mentally retarded to grasp the situation and to handle themselves.

The Problem of Illiteracy

Most MR's do not read well and many are either semi-literate or do not read at all. In our efforts to double the nation's ability to put MR's into useful work and activities, it will become increasingly important to develop directional and safety signs and guides which are not dependent on language but which are pictorial in character. There is reason to believe that this would benefit the general public as well.

Recommendation

It is recommended that guidelines and regulations be established which make possible the use of pictorial devices to direct and instruct the public with respect to the use of our transportation systems.

The Problem of Those Mentally Retarded Who Are Also Physically Handicapped

There is apt to be a higher incidence of the physically handicapped among MR's than in the overall population. Consequently, there is further impetus to plan and design our transportation facilities with the needs of the handicapped in mind. Most of the handicapped are not in wheelchairs, but if our transportation systems are planned to accommodate wheelchairs, it is likely that the ambulatory handicapped will be accommodated at the same time. Mr. E. C. Schneider, a member of the Citizens' Advisory Committee on Transportation Quality (which is sponsored by this office) has recently prepared a brief statement on those transportation barriers that inhibit the mobility of the physically handicapped. Several of his points also apply to the mentally retarded. (See attached report on "A Surficial Review of Some Problems of the Physically Handicapped Associated with Transportation.)

Recommendation

Arrange for the development of guidelines throughout the Department of Transportation which will help to eliminate many of the presently troublesome architectural and other barriers to the benefit of all groups of the handicapped, including the mentally retarded.

The Problem of Dealing With Brain Damage and Neurological Impairment

Although the term mental retardation is usually not ascribed to adult or adolescent persons in society who have had a normal I.Q., but who have suffered an accident causing brain damage or neurological impairment, they nevertheless do become mentally retarded for all practical purposes.

A large category of mental retardation in this country, therefore, can be substantially reduced as our accident prevention programs improve. Concomitantly, there is need to get proper medical care to an accident victim faster than is now the case.

One factor in neurological impairment has to do with pollutants in the air we breathe. Carbon monoxide from automobile emissions, for example, can have damaging effects.

Recommendations

It is recommended that the use of helicopter ambulance service in situations where this is usable be increased. Extend the use of helmets to be worn by all those traveling in vehicles where there is larger than usual danger of head injury. This might apply to open air automobiles and bicycles, as well as to motor scooters, minibikes and motorcycles. Step up research and enforce use of passive restraint systems in the automobile and on other forms of transport. Reduce the level of pollution from transportation devices.

Appraisal of effort and suggestions:

The above description of various problems and accompanying recommendations are partly the result of direct contact by this office with individual citizens and consumers and through consumer groups. It is obvious that the Office for Safety and Consumer Affairs does not have specific programs or direct service in the area of helping the mentally retarded. Indirectly, however, the work that we do in safety programs and in ferreting out consumer needs does benefit such specific groups in society as the mentally retarded.

A final suggestion is that the Department of Transportation become more sophisticated about the needs of the mentally retarded by assigning to the appropriate office responsibility for on-going attention study and research in this field. This concern might well be combined with current work on the problems of other handicapped persons.

A SURFICIAL REVIEW OF SOME PROBLEMS OF THE PHYSICALLY HANDICAPPED ASSOCIATED WITH TRANSPORTATION

Introduction

Physically handicapped persons, depending upon the nature and degree of their handicap, can be contributing members of society. They can hold down jobs and pay taxes, if in that age bracket, rather than being a brain-, skill-, and financial-drain on our society. If they are to do this we must remove architectural barriers and barriers to their travel. The removal of these barriers will permit the non-working handicapped and the infirm elderly to also lead fuller lives.

Not all handicaps are visible; for example, the individual with a heart condition does not have a visible handicap, but when faced with the prospect of climbing steps, the handicap is no less real than it is for the person in a wheelchair. By and large, if we remove barriers for those in wheelchairs, we essentially remove barriers for the ambulatory handicapped, also, except for the blind and the deaf.

In new construction of buildings and machines we can finish with a barrier-free result at little, if any, additional cost. The result will be just as usable by the able-bodied, and in many cases safer for them.

Common Modes of Transportation and Some Barriers Thereto

(In terms of use by those in wheelchairs and unable to stand.)

I Buses
- Inaccessible because of steps
- Unusable, if no steps, because of narrow aisles and inaccessibility of rest rooms in inter-city buses

II Trains
- Inaccessible because of steps on trains and in stations
- Unusable, if no steps, because of narrow aisles and inaccessibility of rest rooms

III Elevated and Subway Rapid Transit
- Inaccessible because of steps at stations and because of turnstiles

IV Air Travel

Planes
- Narrow entry steps and doors on some
- Narrow aisles--usually seat nearest door is the only accessible
- Rest rooms unreachable and unusable if they were reachable
- If rest rooms were reachable and usable, no place to put wheelchair on passenger deck
- No emergency exits near seats reachable by those in wheelchairs

Air Terminals
- Lack of the following:
  - Ramped breaks in all curbs from parking area to terminal
  - Parking places reserved for handicapped 12-feet wide
  - Ramped break in curb and provision for temporary handicapped parking at drive in front of building
  - Wide enought doors with easy pull or treadle-operated
  - Accessible rest rooms with booth doors wide enough, grab bars, towels, and mirrors, low enough
  - Telephones and drinking fountains low enough
  - Elevators with controls low enough, doors wide enough and elevator big enough
  - Snack bars with provision for handicapped--Some are unable to sit on stools at a counter

V Public Transportation Associated Problems
- If buses were usable, need a break in curb and ramp at all bus stops
- Added cost of travelling companion to travel by air

VI Automobiles

By and large, except for long trips, the automobile is usually the most satisfactory means of transportation for the handicapped. The handicapped do not need nor do they want a car identifiable as being designed especially for them. A car with certain features which do not detract from the use of the car by the able-bodied and which do not add to the cost of the car is needed. Considerations of such features are appended.

An attendant problem to transportation by car is adequacy of parking (which is covered by the American Standard A 117.1) along with breaks and ramps at curbs.

Other barriers to automobile travel are the lack of accessible highway rest facilities and drive-up telephones.

Office of the Assistant Secretary for Policy and International Affairs

As a staff advisor to the Secretary, responsible for the analysis, development and articulation of new and revised policies,plans and programs for domestic and international transportation; analysis of the social, economic and environmental interplay between transport systems operations, and established policies, regulations and laws; transportation facilitation; international technological cooperation; technical assistance to developing countries; and a comprehensive transportation data and information system.

Mobility of the Mentally Retarded

One of the goals listed by the President's Committee on Mental Retardation is "to return one-third of the retarded now living in institutions to community living, and make them into useful citizens through training for productive employment." In the course of DOT's past research on transportation of the physically handicapped, the importance of mobility in the rehabilitation and continued functioning of people with all kinds of handicaps - mental as well as physical - emerged quite clearly.

Mobility training programs for the retarded appear to be quite effective in enabling them to gain some degree of independence and control over their own lives. Mobility training programs should concentrate on the specific, movement-related requirements of public transportation including rapid self-locomotion in a crowded dynamic environment, fare payment, and familiarity with passenger information systems. The training should rely on a variety of simulation techniques which duplicate the characteristics of the transportation environment: time pressure, noise, crowds, and unexpected movement. The use of both film and video tape might be explored for simulating the environment, teaching the necessary skills and evaluating the patient's performance through play-back. This might be carried out jointly with HEW.

Transportation Safety

All of the various transportation safety programs obviously impact on the mental retardation problem, in that they work toward reducing accidents and injuries which might result in brain damage.

In this respect, the NHTSA crashworthiness program, particularly the passive restraint component, is particularly significant. Recent NHTSA research on injury criterion for the passive restraint standard indicated that concussion continues to occur in a substantial number of cases where lap-shoulder belts can provide acceptable protection in terms of acceleration time exposure. NHTSA suspects this may be due to rotational acceleration, and indicates that further research is underway. We should support this effort and ensure that the standard is based on a head-injury criterion which adequately reflects the concussion hazard.

As your memo mentioned, the emission control program may also have significant impact on this problem area by reducing exhaust inhalation. The defect notification program has also proved important in this same area, with the finding of a defect in Corvair heaters, which led to a defect notification program by the manufacturer.

Development of New Technology

It is important in an industry where we have experienced and can expect major technological change, to carefully assess the potential impact on the environment. This is particularly significant when such changes entail environmental change which is often imperceptible at first, but irreversible. The debate over the SST and ozone is an example of such an issue.

An organized effort to meet this problem is already well underway. Development of standards, guidelines, and procedures for assessing environmental impact are in preparation and will soon be implemented. These guidelines might usefully include specific mention of potential impact on mental capacity and health.

Less spectacular technological innovation may also have important impact on mental retardation. For example, the air transportation security crises has brought the development and installation of new detection devices. The urgency of the problem has even caused some experts to recommend use of X-ray devices on all personnel and passengers, on a routine, unpublicized basis. The potential effect on frequent travelers and employees, and particularly the threat to the unborn child of a pregnant passenger or employee, should be thoroughly evaluated before implementing such a plan.

Emergency Medical Services

Highway Safety Standard No. 11 aims at reducing mortality and morbidity through emergency treatment and rapid transportation of victims to regular medical facilities. DOT has invested about $35 million in EMS programs to date. The quality of emergency care and the speed with which the victim is transported to the hospital are particularly important in head injury and trauma which obstructs the flow of oxygen to the brain, all directly connected with mental impairment. Although progress is being made, a national initiative is required to improve the emergency care system. The President commented on this need in his State of the Union message. Congressional interest is evident and pressing for action. Four bills have recently been introduced concerning EMS; all would provide substantial funding, and transfer this function to the Department of Health, Education, and Welfare. The Department of Transportation opposes enactment of this transfer because of the inherent role and responsibility of the Department. All modes of transportation--land, sea, and air--are involved. These services are vital elements in transportation safety, cutting across agency lines both within DOT and the outside. The framework and expertise to accomplish the job exist with the Department of Transportation. It appears that added emphasis and status of this function within DOT is needed. An office, within DOT, to assume the initiative in the crucial task of integrating developments and coordinating EMS activities for all modes of transportation, is urgently required. This office would coordinate national planning, post-crash response, for all modes of transportation, including airports, railroads, buses, trucks and the associated areas of boating safety and search and rescue.

Domestic Traveler Service Problems

The Office of Facilitation has contracted for a comprehensive research study to identify traveler service problem areas encountered by the public in using domestic intercity air, bus, and rail common carriers. This study concentrates primarily on problem areas encountered by the inexperienced traveler, as well as how other carriers or transportation personnel react to or serve the needs and complaints of the traveling public. Study recommendations should be available by May 1.

Signs and Symbols

The Office of Facilitation has appointed a Permanent Coordinating Body on Signs and Symbols. This body is committed to the development of a carefully studied and comprehensive system of standardized signs and symbols to serve the United States domestic and international transportation needs which, after proper testing, can be recommended as a uniform standard for use by all interested parties.

1972 National Transportation Study

This report discusses the special transportation problems of the "disadvantaged", which include the young, aged, poor, unemployed and handicapped. Although specific mention of the mentally retarded is not made, many of their transportation problems are similar to the otherwise physically handicapped group.

A review of current information and identified problems is described in Chapter III of the 1972 National Transportation report. In addition, Chapter VI describes transportation alternatives for serving the disadvantaged. In Chapter VIII it is concluded -

> "Adequate transportation is an important factor in affording disadvantaged citizens access to opportunities of employment, recreation and other services. A more intense effort in the public sector is needed for such adequate transportation to be provided."

Travel Barriers

Related to the above is a report completed in May 1970 by the Department, which quite graphically illustrated the problems and conditions which are commonplace in today's society for anyone traveling, but particularly the handicapped. This type of study encompasses many of the problems which the mentally retarded encounter, but it is not all inclusive. Future studies would have to be broadened in this special area. A summary brochure of this lengthy report is attached for your information.

Office of the Assistant Secretary for Environment and Urban Systems

Overall Mission and Authority

The primary mission of the Office of the Assistant Secretary for Environment and Urban Systems is to improve the quality of the human environment through transportation and to improve urban transportation. Associated with this mission is the elimination of environmental constraints associated with transportation of disadvantaged groups such as the physically and mentally handicapped, the elderly, the poor and the very young.

Responsible Unit

In 1969, Secretary Volpe designated the Office of the Assistant Secretary for Environment and Urban Systems as coordinator of the Department's programs for the handicapped and elderly. Within TEU, the Office of Environmental Quality has been assigned the responsibility of coordinating Departmental initiatives for these and other disadvantaged groups.

Description of Relevant Programs

TEU has both a general and a specific role regarding the problem of mental retardation. In general, our responsibility for developing, monitoring and assisting in developing and implementing policies with respect to reducing adverse social and environmental effects of transportation, and increasing beneficial effects, should reduce the incidence of psychological stress which leads to mental problems. One particular environmental problem of transportation which can, for example, have a direct effect on mental health is air pollution which contains a high lead concentration resulting from auto emissions.

The specific pertinent role of TEU relates to its overall responsibility regarding transportation for the handicapped (including the mentally handicapped).

The specified points under item 3 of the outline do not apply to TEU's mission with respect to the mentally handicapped.

Total Program Effort Related to the Mentally Retarded

TEU program efforts on behalf of the mentally retarded include (1) initiatives aimed at reducing adverse social and environmental effects of transportation and increasing beneficial effects; and (2) encouraging various elements of the Department to take into account, during the program planning and implementation processes, the needs of special groups within the general population such as the physically and mentally handicapped.

Appraisal of Effort and Suggestions for Future Activities

The Department of Transportation can and must do much more to improve transportation for the handicapped (including the mentally retarded). Accordingly, the Department is organizing a coordinating committee on transportation for the handicapped and elderly to find better approaches and solutions. Also, the Department is broadening its working relationships with other Federal agencies, particularly the Department of Health, Education, and Welfare, to find better ways to serve the transportation disadvantaged.

DEPARTMENT OF THE TREASURY

The Department of the Treasury has a policy of hiring the mentally retarded whenever the applicant's ability and the job requirements can be matched. This employment policy is actively carried out by each Bureau's coordinator for hiring the handicapped.

ACTION

The purpose of ACTION is to bring together within a single agency a number of voluntary action programs from throughout the Federal Government to create a system of volunteer service which uses to the fullest advantage the energies and efforts of the nation in the American tradition of voluntary involvement.

In addition, ACTION exercises certain liaison responsibilities in conjunction with the Small Business Administration for relationship with the Service Corps of Retired Executives (SCORE) and the Active Corps of Executives (ACE).

The approximate level of ACTION's 1971 involvement in programs for the mentally retarded was as follows:

Mentally retarded persons assisted...	7,500
ACTION-supported volunteers serving..	3,300
Total cost of ACTION's support.......	$7,500,000

The figure of $7,500,000 represents 5% of ACTION's total 1971 budget of some $150,000,000.

It is anticipated that ACTION's total effort for the mentally retarded in coming years will rise slightly above 5% of total budget. This expectation arises from the fact that 90% of ACTION's effort for the mentally retarded is in the Foster Grandparent Program, which expects to maintain its 70% level in support of mentally retarded persons while increasing its budget more rapidly than ACTION's total budget.

Foster Grandparent Program Mental Retardation Efforts

Mission and Authority: ACTION's Foster Grandparent Program provides financial and technical assistance to support the development and operation of community-based projects designed for low income persons aged 60 and over to render person-to-person services to children having exceptional needs. The older persons serve as foster grandparents to the children who are receiving care in hospitals, homes for dependent and neglected children, or other establishments which provide specialized care for children.

In 1971, 3,196 foster grandparents gave service to 6,392 children whose major disability was mental retardation.

Background: The Foster Grandparent Program was originally developed as a cooperative effort between the Office of Economic Opportunity and the Administration on Aging of the Department of Health, Education, and Welfare. The 1969 Amendments to the Older American Act of 1965 transferred the Foster Grandparent Program entirely to the Department of Health, Education, and Welfare. On July 1, 1971, the program was transferred to ACTION in accordance with Executive Reorganization Plan No. 1 of 1971.

Within ACTION, the Older Americans Volunteer Programs of the Domestic and Anti-Poverty Operations is responsible for the funding and administration of the Foster Grandparent Program. Legislative authorization for the program is in Public Law 89-73 as amended by Public Law 90-42 and Public Law 91-69, The Older Americans Act of 1965, Title VI, National Older Americans Volunteer Programs, Part B--Foster Grandparent Program, Section 611(a). Program funding levels: FY '71, $10.5 million; FY '72, $25.0 million. Percentage of funds allocated for the mentally retarded is not specified.

The following chart provides the location of foster grandparents and mentally retarded children served by state in FY 1971.

MENTALLY RETARDED CHILDREN SERVED BY FOSTER GRANDPARENTS

		Retarded Children	Foster Grandparents			
TOTALS		6,392	3,196			
10	Alabama					
11	Alaska					
12	Arizona					
13	Arkansas	212	106			
14	California	126	63			
15	Colorado	20	10			
16	Connecticut	446	223			
17	Delaware	138	69			
18	District of Columbia					
19	Florida	182	91			
20	Georgia	60	30			
21	Hawaii	156	78			
22	Idaho					
23	Illinois	372	186			
24	Indiana	56	28			
25	Iowa	142	71			
26	Kansas	96	48			
27	Kentucky	142	71			
28	Louisiana	166	83			
29	Maine					
30	Maryland	110	55			
31	Massachusetts	148	74			
32	Michigan	70	35			
33	Minnesota	228	114			
34	Mississippi					
35	Missouri	150	75			
36	Montana	120	60			
37	Nebraska					
38	Nevada	72	36			
39	New Hampshire	98	49			
40	New Jersey	370	185			
41	New Mexico	144	72			
42	New York	34	17			
43	North Carolina	82	41			
44	North Dakota	60	30			
45	Ohio	48	24			
46	Oklahoma	34	17			
47	Oregon	152	76			
48	Pennsylvania	408	204			
49	Rhode Island	44	22			
50	South Carolina	150	75			
51	South Dakota					
52	Tennessee	50	25			
53	Texas	382	191			
54	Utah	126	63			
55	Vermont	100	50			
56	Virginia					
57	Washington	386	193			
58	West Virginia	214	107			
59	Wisconsin	298	149			
60	Wyoming					

VISTA

Projects for the Mentally Retarded

Mission and Authority: VISTA (Volunteers In Service To America) was created Under Title VIII of the Economic Opportunity Act of 1964. Section 810 of this title gives the Director the authority to assign volunteers to work in the care and rehabilitation of the mentally ill or mentally retarded under treatment at nonprofit mental health or mental retardation facilities.

Activities: Nineteen VISTA volunteers are assigned to four projects in four different states. These volunteers work with some 166 mental retardates. The brief description of each program that follows covers the primary activities of the volunteers assigned to each project, the date the project began, the long-range purpose of the project, and the number of mentally retarded persons affected.

-- Project A: Seven VISTA volunteers are assigned to the United Parents for Exceptional Children, Kankakee, Illinois, to identify mentally retarded adults and children eligible to participate in agency programs, give psychological testing and screening prior to children's placement in recreation and education programs, organize and operate a children's recreation program and an adult education program, organize a parent advisory group and draw up plans for community take-over of classes within a 2-year period, and identify the potential of employment for retarded adults in the greater community.

Some 66 mentally retarded individuals will be affected by the programs and volunteer activities.

United Parents for Exceptional Children administers the program with a state grant from United Fund monies. The program is licensed by the Illinois Department of Mental Health and the Office of Children and Family Services. UPEC hopes within 2 years to have developed and set up programs for area mental retardates with a view to preparing the mentally retarded adults for employment.

-- Project: Two VISTA volunteers work with 20 severely retarded children aged 3 to 7 in the Horizon '70 program, West Roxbury, Massachusetts.

Horizon '70 is a state-run clinical nursery. It is a component of the Boston State Project of the Massachusetts Department of Mental Health. The program's two-fold purpose is (a) to help the mentally retarded children achieve their maximum potential and (b) to educate the parents in the areas of understanding the children and their responses as well as to help the parents attain the ability to work successfully with their children.

While working with the pupils, the VISTA volunteers also serve as the main link between Horizon '70, the parents and potential supporters of the program.

-- Project C: Nine VISTA volunteers are assigned to the Achievement Center Complex at Fergus Falls, Minnesota, State Hospital. They work with some 70 mentally retarded individuals to develop training profiles and plans for each retardate, counsel retardates' families, encourage community support of the center, develop projects to involve retardates in normal community life, and develop and structure the curriculum for the center. The project began in December 1970.

The purpose of the Achievement Center Complex is to expand the role of the institutions to include services within the community to assist clients both prior to admission and after discharge.

Additional similar centers are to be opened in the future if state funding permits. Placement of new local VISTA volunteers trained by the institution is planned for these center.

-- Project D: One VISTA volunteer is assigned to the Lower Columbia Community Action Agency, Long View, Washington, to help children with physical and language development, help parents become alert to existing and potential resources, and help the center locate additional resources and support.

The Agency's effort for the mentally retarded, called "The Progress Center," began in March 1972. The program's purpose is to publicize the problems of mental retardation in the community, gain community support and encourage parents to form their own groups and start their own programs. It is too early to appraise the work of the VISTA volunteer and the center. But if the volunteer is successful in organizing the parents and the community, the VISTA interest in the project can be phased out after one year.

SCORE/ACE

Mental Retardation Efforts

Mission and Authority: SCORE/ACE in ACTION, by authority of the President's Reorganization Plan No. 1 of 1971, has been assigned the responsibility of presenting new opportunities for volunteer service to the 4,000 Service Corps of Retired Executives (SCORE) and 2,000 Active Corps of Executives (ACE) volunteers.

Through ACTION, SCORE and ACE volunteers are learning about and playing an increasingly important role in providing management assistance to not-for-profit organizations, including those involved in assisting the mentally retarded to play a role and realize their potential in society. Such management assistance has been provided to state and private institutions for the mentally retarded both by SCORE chapters and individual SCORE volunteers.

SCORE and ACE of ACTION staff at the central office in Washington are currently responsible for developing this program with the help of field coordinators through the use of internal communication programs. A random sample of SCORE volunteers indicates that the trend of programs and services by SCORE as related to the mentally retarded could be increased ten-fold or more.

Activities: Following is a description of some programs providing direct services to the mentally retarded.

-- The Manchester, New Hampshire, SCORE Chapter has worked since 1968 with Bancroft Products, Inc., a not-for-profit organization affiliated with the Concord, N.H., Mental Hospital.

Bancroft Products serves 50 handicapped people, of which 6 to 35 may be mentally retarded, by enabling them to work at varying skill levels for compensation commensurate with the quality and quantity of work produced. Compensation ranges from 50 cents to $4 an hour. SCORE provides management assistance to Bancroft Products.

According to the Director of Bancroft Products, David Henderson, "Without SCORE we would never have been able to succeed. SCORE had helped direct us into the business procedures we should be following. SCORE has assisted us in bidding on contracts, in making available through their contacts with manufacturers opportunities to bid on contracts. Through their individual backgrounds, SCORE has helped us in production and personnel management and has helped us be self-sustaining." SCORE chairmen have accepted invitation to sit on the board of directors since the inception of Bancroft Products.

While no funds have been allocated as such to this program in FY 1971 and FY 1972, the availability of out-of-pocket expenses being provided through ACTION as well as the ACTION commitment to publish Scoreboard and communicate this program to all 170 SCORE chapters assures that the effects of this program will be multiplied many times.

-- The Greater New Bedford, Massachusetts, SCORE Chapter for the past year has provided management assistance to the Schwartz Children's Rehabilitation Center, a privately operated not-for-profit organization funded by the United Charity and Welfare. The center serves over 100 children, aged 9 months to 18 years. Some 50 percent of the children are functionally retarded, requiring a psychologist, speech, auditory or occupational therapist, and pediatric and orthopedic help. SCORE makes available its business management know-how to enable the center to help the children develop their ability to play a role and realize their potential in society.

According to the center's coordinator, Mrs. Agnes Reposa, "SCORE has given us a life line. SCORE's involvement is the greatest break we've ever had in 16 years of this work. We are in an economically depressed area. Some of our children have lost the ability even to babble or to chew anything but soft foods. The SCORE volunteers now helping us prepare an accreditation manual, assisting us in getting our paperwork organized, and providing some direction as to business procedures have enabled the professional staff to concentrate to a greater degree on assisting these retarded children to realize their potential."

Like the Manchester program described above, the New Bedford Program has no specific SCORE fund allocation but is helped similarly.

SCORE became involved in this program in 1971, when the center had already been operating for 15 years.

-- In Greensboro, North Carolina, SCORE volunteer Joe Glyn has worked for the past year with sheltered workshops affiliated with the Henry Wiseman Center, a county agency in Greensboro and High Point, N.C., which enable 160 mentally retarded adults, aged 16 through 55, to work at varying skill levels with each individual on a separate piecework schedule that enables him to be motivated to earn more money.

Purpose of the SCORE involvement was to increase the wages, develop a piecework system of motivation to earn more money, secure contracts from manufacturers, and enable these workshops to operate at a profit.

SCORE volunteer Joe Glyn has accomplished most of these. He increased the pay schedule and divided it into three levels depending upon the skills available: 40 cents to 80 cents an hour, 80 cents to $1.20 an hour, and $1.20 to $160.

According to Dr. Brian Stabler, Clinical Psychologist and Director of the Center, "SCORE volunteer Glyn established our first contact with a manufacturer which resulted in our first contract for work. He organized the pay rates, scheduled the work output, and put both operations in Greensboro and High Point under a system of controls which will enable the workshops to operate on a profit-making basis. Before SCORE became involved, we operated at a loss."

The profit will be returned to the clients in the form of a bonus.

In addition to the involvement of SCORE with the mentally retarded at this Center, SCORE volunteer Glyn has assisted in a separate developmental day training program for children which provides psychological therapy to some 35 mentally retarded children, ages two to 12, by introducing the professional staff of the Center to the VISTA program people in Atlanta who are considering the possibility of making available 4 to 6 VISTA volunteers to serve as paraprofessional people or aides in developing parents' skills to work with the retarded children of Guilford County, N.C.

SCORE became involved in the workshops in 1970, when they had been operating five years. As in the Manchester and New Bedford programs, there is no specific SCORE funding.

The Manchester, New Bedford and Greensboro programs are typical of those which SCORE and ACE, as part of ACTION, are encouraging and communicating throughout the SCORE membership. The approximate number of mentally retarded persons affected by the program to date is 300.

Summary Overview and Evaluation

Of the 6,000,000 people considered to be mentally retarded in this country, a portion of the most seriously retarded are in state institutions which serve mainly as custodial facilities. Most of the state facilities have large backlogs of people waiting to enter these institutions. The Greensboro, N.C., county-type operation described above is an attempt to reduce this backlog and provide training and therapy for those that can be trained and educated and rehabilitated.

In both Manchester and Greensboro, SCORE has performed an outstanding service in enabling these three workshop operations to be self-sustaining and at the same time enable the mentally retarded to be motivated and have the opportunity to realize in part their potential and receive compensation according to the quantity and quality of work produced.

Suggestions

1. Encourage as much as possible current efforts by SCORE to aid the mentally retarded as follows:

    a. Make available any surplus government equipment, particularly any available from Vietnam, to assist such projects.

        For 6 months, for example, SCORE volunteer Joe Glyn has asked ACTION to assist in securing equipment for an evaluation room. When a new mentally retarded individual is brought in to work on the workshop assembly line, the entire line has to be stopped while the new person is tested as to his skill level and potential. If an evaluation room with equipment were available, the assembly line interruption could be discontinued. Equipment needed includes what is currently being stored as government surplus such as 16 work benches, 2 bench-type punch presses, 2 bench-type band or jig saws, 2 table saws, 2 small bench-type eyelit machines, 2 small bench-type drill presses, one large box-stapling machine, 2 industrial-type sewing machines, 2 special 8-foot square benches, one automobile carburetor, one automobile motor, one electronic tube tester, one PBX switchboard, one micrometer.

        What is needed, according to Glyn, is "for DOD to designate ACTION as a receiving agency for equipment."

    b. Make available funds for any out-of-pocket expenses incurred by SCORE volunteers in assisting the mentally retarded.

2. Encourage expansion of current efforts to as many of the 170 SCORE chapters as possible by making available the necessary support as follows:

    a. Surplus government equipment as indicated above.

    b. Out-of-pocket expense funds for SCORE to assist the mentally retarded.

c. Internal communications programs using Scoreboard Newsletters.

d. Travel expenses for SCORE volunteers from their home bases to Greensboro or Manchester for the purpose of seeing first hand what can be done and to carry this out in their local communities with the county and state agencies.

e. Secretarial assistance where necessary through RSVP or other means to enable SCORE to function up to its potential in aiding the mentally retarded.

Retired Senior Volunteer Program (RSVP) Activities with the Mentally Retarded

Mission and Authority: General purpose of the Retired Senior Volunteer Program (RSVP) is to develop a recognized role in the community and a meaningful life in retirement for older adults through significant volunteer service. RSVP arranges a wide variety of volunteer service opportunities for retired persons.

Financial assistance from ACTION in the form of RSVP project grants are made to public and private nonprofit organizations and agencies under Title VI, Part A, of the Older Americans Act. Federal funding is provided on an annually decreasing basis, normally over a 5-year project period, placing a distinct emphasis on non-Federal financial support.

Activities: The Retired Senior Volunteer Program is a community controlled senior volunteer "placement service" focusing primarily on the interests and preferences for service of individual senior volunteers. RSVP also responds to and stimulates requests from organizations and institutions for the services of senior volunteers. Institutions for the mentally retarded will be among these, but the number cannot be predicted until RSVP has more experience.

Associations, agencies and institutions for the mentally retarded should be encouraged to request RSVP volunteers in each community where an RSVP project is funded. There should be as many as 300 local RSVP projects by July 1972.

Office of Policy and Program Development Experimental Programs Relating to Mental Retardation

The Office of Policy and Program Development has designed two experimental programs, under the VISTA authority, which relate to mental retardation. The two programs are University Year for ACTION (UYA) and the Lead-Based Paint Poisoning Prevention Program (Anti-Plumbism Program).

University Year for ACTION: UYA began as an experimental program in mid-1971 and by early 1972 numbered 1,000 participants. All participants are both college students and VISTA Volunteers. As college students, they receive academic credit for the learning acquired from service experiences as demonstrated by such activities as writing papers and participating in seminars. As VISTA Volunteers, they perform services designed to help persons living in poverty.

Approximately 60 UYA Volunteers, or 6% of the total number, were assisting mentally retarded persons in early 1972. At a total annual cost per UYA Volunteer of $6,000, annual expenditure totals $360,000.

Anti-Plumbism Program: An experimental program designed in cooperation with the Department of Health, Education, and Welfare, the Anti-Plumbism Program will place some 300 ACTION Volunteers, under the VISTA authority, in three communities in an effort to eliminate the problem of lead-based paint poisoning from the lead belts of those communities. Hence, the incidence of mental retardation in these areas should be reduced to the extent it is caused by ingestion of lead-based paint by children. The program will begin in FY 1973.

One task of the Volunteers will be to recruit additional persons, from such sources as high schools, colleges, volunteer groups and the Neighborhood Youth Corps, to join in the effort.

ACTION's share of the total cost for the program's 300 volunteers will be at the annual rate of $1,300,000 by the end of FY 1973; DHEW's share will be at the rate of $1,200,000.

THE APPALACHIAN REGIONAL COMMISSION

Overall Mission and Authority

The Appalachian Regional Development Act of 1965, as amended, established the Appalachian Regional Commission as a framework for joint Federal and State efforts in attacking the common problems of the thirteen Appalachian States on a broad front. The need for planning and program development on a regional basis arises from a long-standing recognition that the problems of the Appalachian area, including a high rate of mental retardation, are the results of complex interrelated causes. For that reason, the Commission has been charged with increasing the planning capacity of the States and providing funds for programs essential to the growth of the region in terms of both economic and human resources.

Since 1965, the Commission has been deeply involved in the establishment of local development districts within the States, and in comprehensive approaches to highway construction, demonstration health programs, child development, education, land stabilization and erosion control, housing, airport improvements, vocational and technical education. Data presented and discussed by the President's Committee in the past have shown that the prevention of mental retardation is necessarily related to systematic attacks on all these economic and social areas which comprise the broader environment of the developing child. The argument is especially relevant to the Appalachian area, where the cycle of poverty is particularly difficult to break because of geographic constraints and isolation, underdeveloped resources, and a historical reliance on a few basic industries; preventable mental retardation tends to be widespread because of the economic instability of families, lack of adequate prenatal care, poor nutritional status, and insufficiencies in the early learning environment.

By direct or indirect implication, then, the Appalachian Regional Commission's program can be described as oriented toward the maximization of individual and community human potential, and therefore toward the elimination of mental retardation.

Subunits Relating to Mental Retardation

In the Division of Program Development, the Human Resources Group maintains the most direct relationship with mental retardation. The Child Development, Health, and Education Offices have chief responsibility.

Child Development

The Child Development Office operates with a highly flexible set of guidelines to encourage States to plan and implement comprehensive programs. When considered from a mental retardation point of view, the scope of programs appears primarily preventive in nature. Priorities are established for the 0-5 age group, together with services to families. Each of the States is required to generate a plan for service delivery and to entrust primary responsibility to a high-level interagency committee at the State level. Local and regional planning groups relate to the State Committee. In this way, consistent coordinated efforts enable agencies to avoid fragmentation of services, to build on existing resources according to identified priorities, and to provide a wider range of services to more people. An important goal is to design a single-entry system of comprehensive services.

States are therefore given wide latitude in delivering integrated health, nutritional, early educational, and social services. In every State, the Plans have specifically identified the prevention of mental retardation, from whatever cause, as a chief priority, and most have given thought to the cost-effectiveness of prevention. The most frequently developed service mechanism has been the comprehensive day care/pre-education center, although some States have chosen to begin with maternal and child health programs or screening/referral systems. To a lesser extent, funds have also been made available for retarded children's programs, such as comprehensive day care for severly retarded children; in general, however, these are considered as special cases outside the major preventive focus of the overall program.

Health

Through the Demonstration Health Program under Section 202 of the Appalachian Regional Development Act, a very broad range of health services and comprehensive health planning has been funded. There are health demonstrations in twelve of the States -- each represents funding for planning of a multi-county health council which is representative of the community (comparable to a 314(b) agency). On the basis of annual health development plans, health projects are developed, assigned priorities, and submitted to the Commission for funding. In several areas, mental retardation services have been identified as a pressing need by the local council and programs have been funded accordingly. Examples of such services are the sheltered workshop, mental retardation evaluation, or the mental retardation components of a comprehensive MH-MR program.

In every case, however, the funding of mental retardation services is dependent upon the relative importance or definition of need within the total spectrum of needs determined by the local council.

Education

As part of its mission to improve educational programs, the Education Office has provided assistance to several mental retardation programs in the area of vocational and technical education. Up to the present time, funds have been primarily directed toward the construction of needed facilities rather than toward provision of funds for operations.

External Programs

Child Development (Sec. 202)

The Appalachian Regional Commission provides funding for child development projects in Appalachian portions of 13 States: New York, Ohio, Pennsylvania, Maryland, Virginia, West Virginia, Kentucky, Tennessee, North and South Carolina, Georgia, Alabama and Mississippi. The programs are designated to serve children from conception through the fifth year and their mothers.

The objective of the Commission's child development demonstration program is the development of model child development programs providing comprehensive services to all children and their families in a target service area. A comprehensive child development program shall provide a readily available single-entry way which makes fully accessible the following services in such combination as may be needed:

(1) Family planning information and supplies;

(2) Prenatal care for the mother: medical, nutritional, educational and social;

(3) Delivery of the infant and immediate postnatal care for mother and child;

(4) Education and counseling in child care;

(5) Adequate food, dental and medical services, including medical treatment services for the remainder of his infant and pre-school years;

(6) Systematic cognitive stimulation for the infant and toddler to enable him to benefit from preschool and kindergarten programs;

(7) Assurance, through care, counseling and education, of an emotional climate conducive to optional personality development;

Summary Overview and Evaluation

Services for mentally retarded persons have always been a small part of the total ARC effort. The programs funded reflect the premise that improving the conditions of life in Appalachia must be seen as a comprehensive problem, without artificial segmentation of the population. One way of conceptualizing the wide array of ARC programs is to relate to the life spans of Appalachian people: comprehensive services for the prevention of permanently damaging deficiencies; enrichment of the school experience; economic development programs for increasing jobs by training, expansion of growth centers, and improving transportation and communication linkages; reversing the trend of outmigration. Upgrading the quality of life is a goal held for all the people which respects the special needs of some. This is the rationale for the direct provisions made in ARC programs for mentally handicapped persons; they attempt to meet some of the unique needs of mentally retarded persons, for example, for specialized early diagnosis and care, for specific educational services when conditions prevent normal participation, and for special job habilitation when appropriate.

Results are seldom immediate and tangible. The complex nature of the ARC venture calls for an equally complex evaluative system which recognizes that many long-term gains may take a generation to develop. What is evident, even now, however, is continuing and intensifying interest on the part of the States in all phases of the effort as they expand their planning and program development capacities.

It is impossible to make long-term projections in regard to specific programs because ARC does not do planning for the States nor generate clearly delineated categorical programs in which to predict service levels for mentally retarded persons. The program profiles are developed by the States themselves in annual development plans, and major policy decisions are an ongoing function of regular meetings of the thirteen States at the Commission table. Generally speaking, however, it is anticipated that services for mentally retarded persons will be increasing as a function of development across the entire band of economic and human resource areas. It will be a continuing norm that mentally retarded persons will be isolated from programs designed for all only when there is no other solution.

(8) Exposure to social learning situations via trips, group activities and availability of social interaction where these are not provided by the home;

(9) Day care, night care, and emergency care services when they are needed, including foster care and adoption services;

(10) Protection from cruelty and neglect; and

(11) Rehabilitation and special education for the handicapped.

These programs are authorized by section 202 of the Appalachian Regional Development Act of 1965, as amended (40 App. U.S.C.A. 202). Allocations for FY 1971 were $7.5 million and for 1972 are $18 million. Authorization allows for use of ARC funds in combination with Title IV-A funds for a total Federal funding of 100% (25% ARC, 75% IV-A) of the cost of child development projects. Operating programs under this authorization were first funded in FY 1971.

All 54 programs currently funded must provide comprehensive services to all children. Therefore, one would assume that mentally retarded children are served in direct proportion to their percentage of the local population. We are not yet set up to retrieve diagnostic data because most projects are in the early stages of implementation.

Aside from such indirect services, there are a few projects specifically serving mentally retarded children. These began operation in early fall, 1971:

Project	No. Served	ARC Cost
New York		
Southern Tier Learning Disabilities	1,763	$54,219

Project	No. Served	ARC Cost
New York		
Schuyler County Early Childhood Education Program for Handicapped Children	9 children and parents	$12,085
North Carolina		
Jack & Jill Center for Handicapped Children, Brevard, N.C.	14	34,778
Tennessee		
Exceptional Children's Day Care Center, Kingston, Tennessee	15 children and parents	4,727
Ohio		
Jefferson County Child Development and Family Advocacy Center (Home visitors to families with MR)	30 families	9,050
Total 5 programs	1,800 children 54 families	$104,839
Under Consideration for FY 1972 Funding (approximations)		
South Carolina		
Department of Mental Retardation	Unknown	$150,000
Virginia		
Pre-school Program for the Regional Child Development Program, Big Stone Gap, Va.	20 children and families	49,600
Mississippi		
Learning Disabilities, Regional Rehabilitation Center, Tupelo, Miss.	30	26,582
Clay County Day Care for the Developmentally Disabled	40-60	Unknown

Health (Sec. 202)

Through the Demonstration Health Programs under section 202 of the ARDA, a broad range of services has been developed and funded. There are Health Demonstrations in 12 Appalachian States; each represents funding for planning of a multi-county, community representative health council (comparable to a 314(b) Council). Based on annual Health Development Plans, health projects are developed, assigned priorities, and submitted for ARC funding by these local councils. To the extent that mental retardation has been identified as a need by the local council, projects will be developed and funded. The relationship between mental retardation and the Appalachian Regional Commission (Health Program) is through the local council.

Among mental retardation projects funded by the ARC to the Health Demonstration Areas are:

State	Annual ARC Support and Year Started:	
Alabama		
Three-county project - Rescue for the Retarded	$289,629	1969
Georgia		
Gilmer County Sheltered Workshop Day Care Centers in Calhoun & Carter Counties	$170,831*	1968
Georgia-Tennessee		
Orange Grove School (Chattanooga)	$189,406	1970
Kentucky		
The mental retardation elements of a comprehensive mental health-mental retardation program. (Three projects in the 16-county region.)	$947,407*	1968
Ohio		
A mental retardation evaluation unit.	$149,223	1969

State	Annual ARC Support and Year Started	
West Virginia A regional mental health-mental retardation program.	$592,359[*]	1968

The funding of mental retardation services is dependent upon the relative importance or definition of need -- in the total spectrum of needs -- as determined by the local 202 health council.

Average daily client load, children and adults, and annual rate of evaluations are as follows:

Project	Client Load	Evaluations Per Year
Rescue for the Retarded	207	150
Gilmer County Workshop	179	279
Orange Grove School	205	1,071
Kentucky Comprehensive MH-MR Program	501	1,263
Ohio - MR Evaluation Unit	---	1,200
West Va. - Regional MH-MR Program	155	-----

There are other services supported by ARC which benefit the field of mental retardation. These services are mostly indirect and consist of such things as family planning and pre-natal care. Indirect services such as these have not been enumerated here.

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[*] Includes support for other services in addition to mental retardation.

Supplemental Grant Program (Sec. 214)

The supplemental grant program under section 214 of the ARDA was designed to overcome the inability of local governments and non-profit private institutions to provide funds necessary to match a wide range of Federal grant-in-aid programs. Economic decline and population shifts had so limited the local tax base that communities in critical need of Federal assistance found such aid unobtainable. Section 214 was designed to help Appalachian communities in meeting regular Federal matching requirements.

Programs which may be supplemented include all programs authorized under the Act for construction or equipment of facilities and all other grant-in-aid programs authorized on or before December 31, 1974, for the acquisition of land, construction or equipment of facilities. Supplemental assistance is not authorized for operating programs. The 214 supplement increases the Federal contribution to a project from the maximum Federal share authorized under a basic grant-in-aid program to a maximum of 80 percent of project costs eligible for assistance under such law.

Following is a summary of MR/MH or rehabilitation facilities constructed and/or equipped with 214 assistance supplementing that of other Federal grant-in-aid programs administered by the Department of Health, Education, and Welfare during fiscal years 1965 through 1971:

Section 214 Supplemental Grants to MH/MR and Rehabilitation Programs, FY 1965-1971

County	Alabama	Total ARC Funds
Marion	Northwest Ala. Mental Health Center	$ 116,981
Calhoun	Calhoun-Cleburne Mental Health	135,000
Etowah	Etowah-Cherokee-DeKalb Mental Health Center	215,320
Madison	Huntsville Mental Health Center	200,000
Limestone	Tennessee Valley Rehabilitation Center	275,865
	Georgia	
Hall	Hall County Community Mental Health Center	307,060
Gwinnett	Gwinnett County Mental Retardation Center	120,000
Gilmer	Gilmer County Sheltered Workshop	71,955
Whitfield	Whitfield County Health Center Expansion	60,000
	Georgia & Tennessee	
Harris	Vocational Rehabilitation Center Revision	64,090
Harris	Orange Grove Center for Retarded, Phase III	691,138
	Kentucky	
Pike	Methodist Hospital for Mental Health	213,440
Johnson	Eastern Kentucky Rehabilitation Center	679,779
Pulaski	Somerset Comprehensive Training Center for Mentally Retarded	1,440,000
Whitley	S.E. Kentucky Mental Health Facility	170,000

County	Maryland	ARC Funds
Allegany	Regional Mental Health Center, Cumberland	$ 158,400
Washington	Washington County Center for Handicapped	107,500
	Mississippi	
Lee	Mental Retardation Evaluation Training Program	42,103
Lee	Mississippi Regional Rehabilitation Center	39,000
Lee	Regional Rehabilitation Center Overrun	11,400
	North Carolina	
Jackson	Western Carolina College Health Retardation Facility	100,000
Burke	West Carolina Satellite Youth Camp	56,964
	New York	
Chemung	St. Joseph Hospital Rehabilitation Center	150,000
Broome	Broome-Tioga Mental Retardation Facility	259,492
Schoharie	Schoharie County Mental Retardation Center	113,389
	Ohio	
Jefferson	Jefferson County Mental Health Center	84,013

County	Pennsylvania	Total ARC Funds
Allegheny	Western Psychiatric Institute & Clinic	$ 295,404
Bradford	Robert Packer Hospital for Community Mental Health	38,742
Washington	Mental Health Facility, Centerville Clinic	208,336
Westmoreland	Clelian Heights School for Exceptional Children	73,920
Monroe	Monroe County General Hospital	35,244
Lackawanna	Scranton-Lackawanna Health & Welfare	63,110
Butler	Butler County Community Mental Health Center	126,878
Mercer	Mercer County Sheltered Workshop	85,980
Erie	Erie Center for Education & Training of Mentally Retarded	150,000
Beaver	Beaver County Mental Hygiene Clinic	154,412
Carbon	Bishop Sheltered Workshop	27,000
Allegheny	Vocational Rehabilitation Center of Allegheny Co.	400,000
Erie	Hamot Mental Health Center	117,527
Erie	Hamot Community Mental Hospital Center	180,473
Blair	Altoona Hospital Mental Clinic	200,000
Lackawanna	Allied Services for the Handicapped	150,000
Monroe	Burnley Workshop of the Poconos	175,000
Lycoming	Vine Providence Community Mental Health Center	250,000
Tioga	Tioga County Sheltered Workshop-Rehabilitation Center	15,270
	South Carolina	
Greenville	Community Mental Health Center	193,334
Spartanburg	Spartanburg Area Mental Health Center	40,000
Anderson	Anderson-Oconee-Pickens Area Mental Health	40,000
Greenville	Comprehensive Rehabilitation Center at Greenville	1,814,240
Spartanburg	Charles Lee Center for Rehabilitation & Special Education	969,360

County	Tennessee	ARC Funds
Hamilton	Orange Grove Center, Chattanooga	$ 700,775
Knox	East Tennessee Children's Hospital	58,688
Hamilton	Orange Grove School-Phase II	161,000
Washington	Johnson City Mental Health Center	40,040
Anderson	Daniel Arthur Rehabilitation Center, Oak Ridge	97,059
Washington	Dawn of Hope Center	17,500
	West Virginia	
Cabell	Green Acres Mental Retardation Center	49,642
Cabell	S.W. Comprehensive Mental Health Center	143,830
Ohio	Northern Panhandle Health Center	277,004
Ohio	Roney's Point Mental Health Center	111,600
Ohio	Roney's Point Mental Health Center	100,235
Wood	Wood County Rehabilitation Center	35,644
Mercer	Southern W. Va. Regional Comprehensive Mental Health	162,450
Kanawha	Region I Center for Mentally Retarded	91,998
Mason	Lakin State Hospital	78,839
Hampshire	W. Va. School for Deaf & Blind	776,909
Berkeley	Eastern Panhandle Mental Health Center	157,418
Monongalia	Monongalia Sheltered Workshop	53,508
Berkeley	Eastern Panhandle Training Center for Handicapped	102,482
Randolph	Appalachian Mental Health Center	195,483
Cabell	Green Acres Regional Center-Phase II	17,100

UNITED STATES CIVIL SERVICE COMMISSION

The Federal Government provides employment opportunities to handicapped persons including mentally retarded persons in positions for which they can qualify. The program has been endorsed by strong Presidential policy statements for many years. The most recent one was President Nixon's policy statement dated April 18, 1969 which called upon all Federal agencies to give their full commitment in support of the program.

Historically, opportunities for employment of mentally retarded persons in the Federal Service were minimal. Some of the barriers militating against their employment were qualifying examinations and a general misunderstanding about retardates' capabilities to perform in a competitive work setting. Fortunately, these hurdles were overcome in late 1963 by the establishment of a special hiring authority and development of procedures to implement the program by the Civil Service Commission.

Federal agencies were requested to execute written agreements with the Civil Service Commission designed to protect the interests of the retarded and the mploying agency. Agencies were asked to identify jobs requiring simple, routine tasks which would be suitable for the retarded. This did not mean the creation of extra jobs, though existing work assignments could be re-engineered to permit their being filled by retardates. The basic philosophy was that the careful matching of individuals to the job would enhance the quality of placements and stimulate work efficiency.

One major feature of the procedure includes the commitment of the agencies to use the services of the State Vocational Rehabilitation Departments in the direct placement and post-employment counseling, training and supervision of the mentally retarded employee. This commitment permits the substitution of a counselor's professional judgment for the standard testing procedures to determine the employability of an applicant who is retarded. This judgment is formalized by a written certification prepared by the counselor for each placement and submitted to the employing agency. The certification asserts that the retarded individual has the ability to perform a particular job; that he is physically qualified to handle the tasks without hazard; and that he is socially competent to maintain himself in a work environment and during afterwork hours.

This mutual commitment of the counselor-employer team is further enhanced by the requirement that the agency consult the counselor prior to the separation of an employee. This was established to reassure the employer that he does not need to retain an unsatisfactory employee and to reassure the retardate that continued rehabilitation services are available.

With these guidelines firmly established, the program began with a solid foundation. Most of the Federal agencies began making placements early in 1964 and have continued to do so, proving that mentally retarded persons can indeed become an integral part of the Federal work force. The continuing success of the program has been due mainly to the firm relationships which were established among Federal Agency Coordinators of Selective Placement of the Handicapped, State vocational rehabilitation counselors and the Civil Service Commission. Techniques were developed to stimulate interest by increasing employer knowledge about the retardates' abilities and limitations to perform tasks in a competitive work setting. Explorations were directed toward lwarning about the kinds of tasks performed in low-level repetitive jobs. Educational and training devices were developed at national and local levels to implement the program.

The significance of these efforts is obviously the number of retarded men and women who have been rehabilitated into gainful employment with the Federal Government. Since the program began, the Civil Service Commission records show that a total of 7,168 appointments were made as of December 31, 1971 in 40 Federal agencies. The following data indicate the number of appointments and separations which were made in each agency since January 1, 1964 and showing the net on board as of December 31, 1971:

Agency	Appointments	Separations	Net on Board 12/31/71
Agriculture	159	95	64
Air Force	687	306	381
Army	805	515	290
Civ. Serv. Com.	44	19	25
Commerce	157	85	72
Defense Atomic Support	2	1	1
Defense Supply	84	30	54
Environmental Protec. Ag.	3	0	3
Federal Commun. Com.	3	2	1
Fed. Deposit Ins. Corp.	2	0	2
Fed. Home Loan Bank Bd.	2	0	2
Fed. Maritime Com.	1	0	1
Fed. Mediation & Council.	6	3	3
Federal Power Com.	11	4	7
Federal Trade Com.	33	19	14
General Account. Office	3	1	2
General Services Adm.	824	441	383
Government Prtg. Off.	9	4	5
Health, Edu. and Welf.	566	199	367
Hous. and Urb. Develop.	83	27	56
Interior	52	36	16
Interstate Commerce Com.	11	9	2
Justice	37	14	23
Labor	48	21	27
Nat. Aeron. and Space Ad.	17	2	15

Agency (Cont.)	Appointments	Separations	Net on Board 12/31/71
Nat. Labor Rel. Bd.	1	1	0
Nat. Science Found.	6	4	2
Navy	381	180	201
Office of Econ. Oppor.	21	7	14
Off. Manag. and Bud.	4	1	3
Postal Service	1,666	492	1,174
Sec. and Exch. Comm.	6	2	4
Small Bus. Adm.	5	2	3
Smithsonian Instit.	14	13	1
State (incl. AID)	4	4	0
Transportation	135	60	75
Treasury	545	372	173
U.S. Informa. Agen.	15	7	8
U.S. Tax Court	2	1	1
Veterans. Admin.	714	368	346
Total	7,168	3,347	3,821

The above data show that 53 percent of persons hired during this 8-year period were still on board by the end of 1971--a record which compares favorably with turnover rates for all employment in comparable grade levels. Not indicated above, but of equal interest is the fact that over 3,100 persons were employed at least 3 years or more.

Appointments of the mentally retarded have been made in each State. The greatest numbers have been in States which tend to have larger concentrations of Federal employment. The following list shows appointments which were made by State and number for the period from January 1, 1964 to December 31, 1971:

State	Number
Alabama	49
Alaska	3
Arizona	56
Arkansas	13
California	802
Colorado	96
Connecticut	36
Delaware	8
District of Columbia	1,138
Florida	156
Georgia	245
Hawaii	7
Idaho	29
Illinois	508
Indiana	61
Iowa	24
Kansas	35
Kentucky	58
Louisiana	68
Maine	6
Maryland	328
Massachusetts	114
Michigan	259
Minnesota	78
Mississippi	22
Missouri	383
Montana	18
Nebraska	24
Nevada	16
New Hampshire	9
New Jersey	93
New Mexico	79
New York	372
North Carolina	84
North Dakota	6
Ohio	192
Oklahoma	182
Oregon	66
Pennsylvania	294
Rhode Island	24
South Carolina	45
South Dakota	7
Tennessee	37
Texas	441
Utah	112
Vermont	2
Virginia	294
Washington	127

State (Cont.)	Number
West Virginia	9
Wisconsin	46
Wyoming	7
Total	7,168

The pay systems under which the mentally retarded employees were appointed from 1964 through 1971 are shown below:

Pay Schedule		Number
General Schedule		
GS-01		1,407
GS-02		638
GS-03		51
	Subtotal	2,096
Wage Grade		
WG-01		2,020
WG-02		917
WG-03		203
WG-04		94
WG-05		45
	Subtotal	3,279
Postal Service*		
PS-01		179
PS-02		245
PS-03		245
PS-04		988
PS-05		9
	Subtotal	1,666
Ungraded		
(Student Programs)	Subtotal	99
	Grand Total**	7,140

*In interpreting the PS levels, it should be noted that by law postal grades were all increased by one level in January 1968.

**The difference between this total and totals on other tables is due to recording errors.

Slightly over two-thirds of the appointments were in the "blue collar" job classifications in the Wage Grade and Postal Service systems, and the balance in "white collar" jobs in the General Schedule system. In the total Federal work force, just over 46 percent of the employees were in the General Schedule. This indicates that mentally retarded employment tends to be oriented toward "blue collar" type of work.

Presented below is a partial list of job titles which indicates work classifications in which the retarded were employed from 1964 through 1971. Although job titles do not describe the tasks involved, they do show the diversity of work performed. The list is far from being stereotyped. Data have been grouped together under single job titles in order to simplify the presentation, as actually over 140 job titles were identified.

The following list of job titles is grouped under three headings in order to give a rough idea of the number of appointments made in various categories:

150 or More Appointments

Clerk (mail, file, etc.)
Food Service and Mess Attendant
Janitor or Custodial Laborer
Laundry Worker
Messenger
Office Machine Operator
Postal Service Mail Handler

50-149 Appointments

Card Punch Operator
Clerk Typist

10-49 Appointments

Animal Caretaker
Automotive Equipment Operator
Commissary Worker
Elevator Operator
Hospital or Medical Technician Assistants
Laboratory Worker
Mechanic Maintenance Helper
Photographic Processor - X-Ray
Printing Machine Operator
Warehouse and Stock Helper

1-9 Appointments

Aircraft Equipment Mechanic Helper
Bindery Worker
Carpenter Helper
Cartographic Aid
Clothing and Fabric Worker
Electrician Trainee
Electronic Technician Helper
Engineering or Drafting Aid
Garageman
Heating Equipment Mechanic Helper
Library Assistant
Munitions Handler
Paint Worker
Physical or Biological Science Aid
Projection Equipment Operator
Railroad Trackman
Sewing Machine Operator
Small Arms Repair Helper
Telephone Operator

Employment of the mentally retarded has not been static. Over 1,700 promotions to higher grade levels, and 350 changes from General Schedule to Wage Grade systems or vice versa have been made. Changes to lower pay scales have been few--only 33 demotions were recorded during the 8-year period of the data discussed. It is also important to note that 129 persons were converted to career-conditional appointments. This kind of mobility serves to point out that meaningful work experiences for some mentally retarded employees have enabled them to move ahead in the work world and, in other instances, to also qualify favorably with the non-retarded in the regular competitive system.

Reasons for separation of employees appointed under this program reveal the same kinds of reasons found in the general population. Data showing the types of separations and the numbers in each category for years 1964 through 1971 are shown below:

Reason for Separation	Number
To seek another job	464
Moved from area	174
To enter military service	143
To return to school	140

Reason for Separation (Cont.)	Number
Transportation problems	72
Civil or criminal offense	28
Illness or physical disability	177
Death	16
Marriage	33
Pregnant	45
Unable to perform job tasks	265
Poor adaptive behavior	116
Excessive absences and/or tardy	198
Transfer to another Federal agency	158
Converted to career-conditional appointment	129
Temporary appointment	229
Reduction in force, job abolished, lack of work	401
Other (didn't like job, hours, etc.)	378
Not recorded or unknown	181
Total	3,347

It is significant that there was a low number of persons separated for poor work performance or behavioral reasons. This reflects very favorably upon the concept of requiring the certification of a mentally retarded person to a specific job by a vocational rehabilitation counselor. The proper matching of an applicant to a selected job requires professional interpretation of the applicant's capabilities and finding an appropriate job. The first of these quite obviously requires the counselor's expertise. The latter requires a group endeavor involving the counselor, personnel officer, and the supervisor. For these reasons, the Federal Government's employment program for mentally retarded persons has enjoyed continuing success and has been established as an ongoing personnel procedure.

GENERAL SERVICES ADMINISTRATION

Overall Mission and Authority

The General Services Administration was established on July 1, 1949, to provide the Federal Government with more efficient and economical management of property and records.

GSA's broad responsibilities under the Federal Property and Administrative Services Act of 1949 and subsequent laws include:

(1) providing and maintaining office and related working space for the executive agencies which it services--through construction, purchase, lease and rehabilitation of buildings;

(2) the procurement and distribution of supplies;

(3) archival administration and records management;

(4) custody and physical management of the National Stockpile of critical and strategic materials, maintenance of the National Industrial Equipment Reserve;

(5) transfer of excess property among agencies for further Federal use and the disposal of property surplus to Government needs;

(6) transportation and traffic management assistance to Federal agencies (including operation of the Federal fleet of cars and trucks); public utilities management; supervision and operation of Federal telecommunication systems (voice, teletype, and data transmission).

Although the overall mission and authority of the General Services Administration, with its resultant programs, does not readily lend itself to broad services in behalf of the mentally retarded, GSA has maintained a position of leadership among Federal agencies in the employment of the mentally retarded. In addition, some services of direct benefit to the mentally retarded do result as a corollary of our assigned business management responsibilities. This would include provision of contract opportunities for sheltered workshops and rehabilitation programs for the mentally retarded, and the provision of loaned equipment and surplus real and personal property to institutions involved in the rehabilitation and training of the mentally retarded.

Unit Identification Within GSA

The mission and authority as related to the mentally retarded is designated either as internal (e.g. employer-employee relationship) or external, with appropriate explanation.

Office of the Administrator	internal
Office of Administration	internal
Office of General Counsel	internal
Federal Supply Service	internal and external

Provision for contracts to the handicapped, including mentally retarded, is authorized under the Wagner-O'Day Act as amended by Public Law 92-28 dated June 23, 1971. GSA works with the President's Committee for Purchase of Products and Services of the Blind and other Severely Handicapped in the accomplishment of this program.

National Archives and Records Service	internal

Property Management and Disposal Service	internal and external

Loan of equipment and provision of surplus real and personal property to institutions involved in the rehabilitation and training of the mentally retarded.

Public Buildings Service	internal
Transportation and Communications Service	internal

EXTERNAL PROGRAMS, SERVICES, AND ACTIVITIES

Program 1

a. Name of Program: The President's Committee for Purchase of Products and Services of the Blind and Other Severely Handicapped.

b. Purpose: Public Law 92-28, which incorporates the mentally retarded into the program, has for its purpose the provision of a greater degree of gainful employment to the blind and other severely handicapped by making it possible for them to supply products and services to Federal agencies on a reasonable and well organized basis. GSA is one of 11 Federal agencies with Committee membership and is further charged with the responsibility of monitoring Federal Procurement Regulations regarding compliance with the provisions of the Wagner-O'Day Act, the original authorizing legislation.

c. Legislative Authority: Public Law 92-28, dated June 23, 1971, which amends the original Wagner-O'Day Act approved June 25, 1938 (52 Stat. 1196: 41 U.S.C. 4648).

d. FY 71 and FY 72 Funding: Appropriated funds are not provided in support of the program. GSA has donated the services of three employees on essentially a full-time basis for FY 72 which is the first year in which other than blind persons were included in the program.

e. Calendar Year of Program Start: As indicated in paragraphs c and d, the program was first authorized to include the mentally retarded in August 1971.

f. Program Funds for the Mentally Retarded: Not applicable.

g. Mentally Retarded Persons Affected: It is estimated that, during the next two fiscal years, approximately 200 to 300 workshops could comply with the requirements for participation. If this number chose to participate, it would involve from 10,000 to 12,000 adult persons with varying degrees of mental retardation.

h. Organizational Unit Administering the Program: The President's Committee for Purchase of Products and Services of the Blind and Other Severely Handicapped administers the basic program. The Federal Supply Service promulgates Federal Procurement Regulations which contain provisions regarding compliance with the Wagner-O'Day Act as amended.

i. Method for Distribution of Program Funds: Not applicable.

Program 2

a. Name of Program: National Industrial Equipment Reserve - School Loan Program.

b. Purpose: The basic purpose of the NIER is to maintain industrial equipment for defense production purposes in a national emergency. However, the National Industrial Reserve Act of 1948 provides for the Secretary of Defense to authorize and regulate the lending of NIER property to non-profit educational institutions and training schools when he deems such action to be in the interest of national security, and (a) the program proposed by the institution or school for the use of such borrowed equipment will contribute materially to national defense, and (b) the institution or school shall by agreement make provisions as deemed satisfactory for the proper maintenance of the borrowed property and for its return to GSA without expense to the Government. This program is administered by GSA.

c. Legislative Authority: National Industrial Reserve Act of 1948, 50 U.S.C. 451-462.

d. FY 71 and 72 Funding: Appropriated funds are approved for the GSA to administer the NIER as authorized in the law. However, the lending of equipment to schools from the NIER will be at no expense to the Government either from direct or indirect Federal source. Therefore, costs incident to such loans are at the expense of the borrower and must be paid from local funding sources.

e. Calendar Year of Program Start: Authorized by law - 1948. The first negotiated school loan was made in 1958.

f. Program Funds for the Mentally Retarded: Not applicable.

g. Mentally Retarded Persons Affected: Currently, of the 364 schools in 44 states with authorized loans, three schools maintain as a part of their programs training and rehabilitation for approximately 50 mentally retarded students.

h. Organizational Unit Administering the Program: National Industrial Equipment Branch, Special Programs Division, Office of Property Management, Property Management and Disposal Service.

i. Method for Distribution of Program Funds: Not applicable.

Program 3

a. Name of Program: Personal Property Donations.

b. Purpose: To donate Federally-owned surplus personal property to any state for purposes of education, public health, or civil defense. GSA makes surplus personal property available to the Department of Health, Education, and Welfare and they in turn allocate and distribute such property to those institutions through an agency established in each state for this purpose.

c. Legislative Authority: Federal Property and Administrative Act of 1949, as amended. (40 U.S.C. 484 (j)).

d. FY 71 and FY 72 Funding: Appropriated funds are for administrative support only of the entire personal property donation program.

e. Calendar Year of Program Start: 1949

f. Program Funds for the Mentally Retarded: Not applicable.

g. Mentally Retarded Persons Affected: Statistics are not kept regarding the number of persons affected through the donation program.

h. Organizational Unit Administering the Program: Office of Personal Property Disposal, Property Management and Disposal Service.

i. Method for Distribution of Program Funds: Not applicable.

Program 4

a. Name of Program: Disposal of Surplus Real Property for Health or Education Purposes by the General Services Administration.

b. Purpose: The purpose of the program is to make surplus real property available to states or their political subdivisions and instrumentalities, and tax-supported medical and educational institutions, hospitals, or other similar institutions not operated for profit which have been held exempt from taxation under section 501(c)(3) of the Internal Revenue Code of 1954. The property may be used for schools, classrooms, or other educational uses or for the protection of public health, including research. GSA may assign property to the Department of Health, Education, and Welfare which in turn deeds the property to the public body or educational institution at a discount from fair market value ranging up to 100 percent.

c. Legislative Authority: The Federal Property and Administrative Services Act of 1949, as amended (40 U.S.C. 484(k)(1)).

d. FY 71 and FY 72 Funding: Appropriated funds are for the administrative support of the entire real property disposal program, including utilization, donation, and sale.

e. Calendar Year of Program Start: 1949

f. Program Funds for the Mentally Retarded: Not applicable.

g. Mentally Retarded Persons Affected: Statistics are not kept regarding the number of persons affected through this program.

h. Organizational Unit Administering the Program: Office of Real Property, Property Management and Disposal Service.

i. Method for Distribution of Program Funds: Not applicable.

TRENDS AND PROJECTIONS

GSA's business management oriented programs have only an indirect relationship to the mentally retarded. The level of their use in support of the mentally retarded is, in turn, dependent upon the extent to which they are utilized by local, state, and Federal agencies charged with direct program responsibilities in behalf of the mentally retarded. Accordingly, increases in GSA support are expected to approximate increases in program activity for the mentally retarded by these agencies.

The extension of the program of the President's Committee for Purchase of Products and Services of the Blind and Other Severely Handicapped (an independent program under Public Law 92-28) to include the mentally retarded has materially increased the practicability of establishing new sheltered workshops for the blind and other severely handicapped. Although delay is anticipated due to the complexity of establishing and expanding sheltered workshops, an increase in activity is anticipated during the next two years. This could, in turn, increase the possibility for GSA to expand the contractual work provided to sheltered workshops employing the mentally retarded.

The donation of Federally-owned surplus real and personal property for health and education purposes is administered through the Department of Health, Education, and Welfare. The actual effect on programs involving the mentally retarded is difficult to estimate. While schools for the mentally retarded are specifically designated as eligible institutions, only DHEW could develop more precise data on the types and quantities of surplus property these institutions have received. There are also other eligible health and educational institutions which may in some way support programs for the mentally retarded. Again, DHEW would be the source of information. However, increased publicizing of the program should result in greater overall use with resultant increased support in behalf of the mentally retarded.

SUMMARY OVERVIEW AND EVALUATION

The General Services Administration was established to provide the Federal Government with more efficient and economical management of property and records. Within this business management oriented mission, opportunities to extend program services to the mentally retarded are limited.

External programs and activities in which the GSA mission and authority relate to the mentally retarded include provision of contracts to the handicapped, including mentally retarded, under authority of the Wagner-O'Day Act of August 1971. GSA works with the President's Committee for Purchase of Products and Services of the Blind and Other Severely Handicapped in the accomplishment of this program. In addition, equipment is lent and surplus real and personal property is provided to institutions involved in the rehabilitation and training of the mentally retarded. These programs provide indirect support in behalf of the mentally retarded. Accordingly, increase in activity in GSA's external programs involving the mentally retarded is expected to approximate increases in program activity by organizations charged with direct responsibilities in their behalf.

In regard to internal programs of employment of the mentally retarded, GSA has for the past several years been the foremost employer among Federal agencies of comparable size. Mentally retarded employees have been successfully placed throughout the agency in a variety of occupational categories. Continuing effort will be made to further extend these employment opportunities to the mentally retarded.

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

General Statement

The National Aeronautics and Space Administration does not have an external program in support of the stated objectives. However, the Headquarters and Field Installations maintain liaison with the respective Mental Health Centers and with local psychiatrists and psychologists when appropriate.

The emphasis in NASA is preventive and includes assistance to employees with emotional and personal problems through referral to consultant and private psychiatrists and through counseling by staff physicians, nurses, and other appropriate officials.

Internal Program

a. On March 16, 1964, NASA entered an agreement with the U.S. Civil Service Commission, for use of the Schedule A authority for employment of the mentally retarded (paragraph 213.3102(t) of the CSC Regulations).

Pursuant to this authority, the following mentally retarded are currently employed:

2	WG-1 laborer
1	WG-3 warehouseman
1	WG-4 bindery worker
1	GS-2 clerk-typist
1	GS-2 supply clerk
1	GS-4 supply clerk
1	GS-1 clerk
2	GS-2 clerk
1	GS-4 mail clerk
11	Total

b. The Labor-Management Relations Division, Office of Personnel, NASA Headquarters has overall Agency responsibility and is supported by coordinators at each of the field installations.

c. There is considerable involvement between NASA installations and hometown handicapped programs; however, no special educational activities are conducted.

d. We have no special programs for employees with mentally retarded children, although our medical personnel are, of course, available for advice and consultation.

e. We are recipients of information from vocational rehabilitation agencies, local community action groups, and state and local government agencies, but we do not collect it for helping to define the size or character of the mentally retarded population.

Specific

On an Agency-wide basis, programs and services relating to mental health are as follows:

a. Consultant services are provided by part-time psychiatrists. The emphasis is placed on work-related problems and stress resulting from these problems. Advice is provided to Management on specific problems and ways are recommended for their resolution.

b. Individual consultation is provided by the consultant psychiatrists, staff physicians, and nurses. This usually involves crisis intervention and assistance to employees with problems.

c. At many of our field installations, on the job training programs for improving counseling techniques of the nurses are conducted by the psychiatrist and Medical Director. In addition, mental health training sessions are conducted with supervisors on early detection and management of employees with emotional problems.

d. Research sponsored by NASA in a contract with Southwest Research Institute, San Antonio, Texas, may help children classified as mentally retarded who, in fact, are suffering only from hearing difficulties.

Based on a system used originally to record changes in the brain waves (EEG) of astronauts and pilots while under gravitational stress, this EEG helmet is now part of a system proposed to test the hearing abilities of small children by recording their brain waves. Thousands of children classified as mentally retarded are believed to be suffering not from mental retardation, but rather from hearing difficulties which have cut them off from the environmental interaction which is essential to the development of their intellect. If these hearing defects can be identified early in infancy and appropriate remedial measures taken, many youngsters can be prevented from becoming functional retardates. Thus, the entire system is intended to assist in identifying hearing defects in young children who cannot verbally communicate information regarding whether, and to what degree, they hear an auditory stimulus.

Summary Overview and Evaluation

Employment of the mentally retarded is given publicity from time to time and installations are periodically asked to report the results of their efforts.

It has been our experience that some mentally retarded persons are capable of significant growth through successful job experiences. We believe this program, and others which have similar social ramifications, would be strengthened if Federal employers were allotted billets to be used solely for special employment purposes. Such billets would have to be managed so that the employees will be assimilated into the regular workforce as they prove themselves.

NATIONAL SCIENCE FOUNDATION

The National Science Foundation is an agency of the Federal Government whose fundamental purpose under the National Science Foundation Act of 1950, as amended through August 14, 1968, is to strengthen research and education in the sciences in the United States. The Foundation fulfills this responsibility primarily by sponsoring scientific research, encouraging and supporting improvements in science education, and fostering science information exchange. The overwhelming majority (more than 90%) of the Foundation's support of research is awarded through grants to the Nation's colleges and universities where the conduct of the research also contributes to the education of those aspiring to a research career. The Foundation itself does not conduct research, carry out education projects or operate any research laboratories.

Scientific research and education projects are supported in all fields of science and in interdisciplinary areas comprised of overlapping fields. Fellowships are awarded for graduate study. While these awards cannot be specifically identified with mental retardation, an individual's program of training and study may be well suited to a later career in this field. The main thrust of Foundation research support is in basic scientific studies, but applied research is also supported. Problem oriented research programs recently have been consolidated and funding increased with the objective of advancing our understanding of urgent national problems and their causes through research. However, action programs directed to the solution or mitigation of problems of national concern are the responsibility of other agencies of the government with assigned missions. Thus, the Foundation does not support programs or projects which clearly fall within the purview and responsibility of other agencies, such as clinical research, which is a major responsibility of the National Institutes of Health and the National Institute of Mental Health. Nevertheless, across the broad spectrum of science support programs which the Foundation administers, there are many projects with import for mental retardation. Almost entirely, these are fundamental investigations of underlying mechanisms which may contribute in the long range to our eventual understanding and elimination of mental retardation. A few illustrative examples are discussed below.

A recent grant illustrates the potential importance to mental retardation of research dealing with the basic relationship of environment to brain development. An interdisciplinary group was concerned with the physiological bases of differences in learning capability in rats exposed to quite different environments during development. In an "enriched" environment several rats live in a large cage furnished with a variety of objects which they can manipulate; in an "impoverished" situation, animals are housed individually in empty cages with solid walls. Correlated with the enhanced learning capability of animals raised in the enriched environment are significant increases in the weight and thickness of the cerebral cortex, significant increases in the amount of total brain protein, larger ratios of RNA to DNA, and a number of other changes in the underlying chemistry of the brain. This project is part of a basic research emphasis upon learning and memory that the Foundation initiated in 1971. Analytic research such as this using sophisticated chemical and biological technology as a bridge between the brain and behavior promises to help us better understand the many scientific questions about mental retardation.

A research topic of particular importance for mental retardation is malnutrition. Several Foundation grantees are working on different but basic aspects of this problem. One investigator, working with non-human primates, is attempting to establish dose-response relationships during pregnancy for the level of protein needed to produce full-term viable infants. Histo-pathological investigations of the central nervous system are being conducted on infants born to non-human mothers malnourished with different levels of protein in the diet. The investigator is identifying the areas of the central nervous system most sensitive to maternal nutritional deprivation. Another investigator is studying the metabolism of lysine, with particular emphasis on delineating how catabolites of lysine may be precursors of small molecules essential for normal function of the nervous system. These studies may help to provide a better understanding of the genesis of the mental retardation that typically accompanies inborn errors in lysine catabolism in humans. Furthermore, since lysine is often the first limiting essential amino acid in underdeveloped communities where protein malnutrition is prevalent, these studies may eventually be the basis for systematic lysine supplementation in the diet.

Not all the research supported by the Foundation and related to mental retardation is conducted with animals. One Foundation grantee has been working for several years on adaptive specializations in learning. Recently, he has been introducing children to reading via a syllabary made up of pronounceable and familiar units. Preliminary data suggest that inner-city kindergartners can learn the basics of reading with a syllabary in a period of about seven hours. This investigator is currently extending his method to develop a full procedure for teaching the reading of English.

In the areas of problem oriented research, one grouping of projects deals with various aspects of toxic trace metals and other contaminants, including both lead and mercury. The significance of trace metals for mental retardation is generally recognized, but this research will help us to better define the societal impact of these substances, including possible direct relationships to mental retardation. For example, a comprehensive effort is currently funded to examine the toxicology and pharmacology of methyl mercury in the central nervous system of human and lower animal species. Of particular interest has been the effort of this group to elucidate an early warning system of mercury intoxication based on aberrant behavior resulting from very low doses. A related project currently being proposed by a university group deals with the development, testing, and validation of behavioral, chemical and physiological measures for the early identification of children with minimal brain damage resulting from a variety of causes including birth trauma and malnutrition.

The research areas supported by the Foundation which are most clearly related to the problem of mental retardation are probably psychobiology and neurobiology, examples of which have been discussed above. The Foundation, in addition, supports a great deal of research in other areas of biology, dealing with very fundamental processes and structures, which also have important implications for the problem of mental retardation. Investigations in genetic and developmental biology are concerned with the nature, transmission and action of genetic material, the genetic basis of variation, exploration of new hereditary materials, and ontogenetic change including cellular and subcellular morphology, growth, division and differentiation. Such investigations seek to elaborate upon the fundamental principles of the cellular and subcellular basis of heredity and development and their interaction. Research in biochemistry examines the functional interaction of macromolecules in living cells and the role of individual macromolecules in vital processes. New knowledge in these areas is critical to progress in understanding the basis of "organic" causes of retardation. At higher levels of complexity, at the organ and biological systems level, studies of biosynthetic and energy producing systems may lead to a better understanding of the physiological processes underlying the functions of living organisms and their vital components, which in turn will lead to a better understanding of problems manifested by abnormal behavior of these systems.

It should be emphasized again that most of the research supported by the Foundation in the general area of mental retardation is not likely to have an immediate impact. Some of it may, but most are basic science projects dealing with underlying mechanisms with the potential for long-range contributions. In view of the very significant problems that mental retardation presents for our society, one might well ask how the value of longer-term basic research relating to mental retardation compares with that of shorter-term action oriented programs. The problems underlying mental retardation are for the most part a mass of unknown and uncontrolled variables with gross correlations and but few patterns or mechanisms explicitly defined. The origins of mental retardation are typically attributed 25 percent to "organic" causes and 75 percent to "functional" or environmental variables. As we learn more about the genetic, physiological and environmental variables implicated in mental retardation, it is likely that this classification distribution between organic and functional causes will shift toward a higher ratio of organic causes. This is the kind of situation where basic research makes its contribution. We must know a great deal more about fundamental aspects of mental retardation before we can hope to achieve satisfactory progress with socially oriented programs.

As previously discussed, the Foundation does not support research directed specifically to the problem of mental retardation. To arrive at a statement describing the level of support for research which is related and important to this problem, judgments must be made on a project-by-project basis, and a range of responses are possible. Conservatively estimated, approximately $1.5 million was awarded by the Foundation in fiscal year 1971 for the support of research activity related to mental retardation. This level is expected to increase in the next several years at least in proportion to any increases in the Foundation's overall appropriation for research support.

THE PRESIDENT'S COMMITTEE ON EMPLOYMENT OF THE HANDICAPPED

The President's Committee on Employment of the Handicapped has been actively promoting employment of the retarded since 1960. Activities have taken many forms: mass media promotion, such as magazine articles, radio and television public service spot announcements, conferences on employment of the retarded, speeches before groups of all kinds, exhibits, the fostering of demonstration projects, the like.

These are some of the highlights:

President's Committees on Mental Retardation and on Employment of the Handicapped joined forces in a combined report to the President, "These, Too, Must Be Equal," containing 39 recommendations to improve habilitation and employment of the retarded. Among the recommendations: the encouragement of sheltered workshops in suburban industrial parks; the writing of booklets on jobs which the retarded themselves can read; the promotion of more on-the-job training programs in industry; the development of employer conferences in various cities to spotlight the abilities of the retarded; many more. To implement the recommendations, a consultant has been retained by both Committees.

The President's Committee on Employment of the Handicapped and the National Association for Retarded Children are joint sponsors of an "Employer of the Year" awards program, now in its eighth year. This past year, some 200 nominations were received, indicative of the willingness of employers to stand up and be counted as being receptive to the retarded.

The President's Committee and NARC have worked together in other joint ventures to promote employment of the retarded: printed material encouraging jobs for the retarded; an employers' luncheon at yearly NARC conventions; convention speeches and panel discussions on employment; publicity about the achievements of retarded workers; much more.

A seminar on public attitudes toward the retarded was co-sponsored by the President's Committees on Mental Retardation and on Employment of the Handicapped, in cooperation with Ruder & Finn, public relations firm. This brought together communications experts in mental retardation. They discussed ways of portraying a more accurate picture of the mentally retarded to America.

New York University and the President's Committee sponsored an employers' conference on the Utilization of Lesser-Skilled Manpower in the Labor Force with special reference to the retarded. Leading New York City businessmen attended. Conference reports have been distributed around the world.

The President's Committee has given support and assistance to the on-the-job training project of the National Association for Retarded Children, funded by the Manpower Administration of the U.S. Department of Labor. Now in its fifth year, this project has been expanded from four states to 28 states. Among the leading businesses taking part: Marriott Motels and Drive-Ins; Hotel Corporation of America; Howard Johnson Drive-Ins; Sky Chef, Inc.; many more.

The President's Committee has been encouraging major businesses to adopt formal policy statements favoring employment of retarded workers, similar to the policy statement of the W. T. Grant Company, operators of 1,178 variety stores. The retarded, the statement reads, "shall be considered for employment on the basis of their capability for a particular job." Surveying store managers this past year, the Grant Company found that 78 rated their retarded employees good to excellent; 22 percent fair; nobody poor.

The President's Committee has been encouraging state governments to adopt special hiring programs for the retarded, along the lines of the Federal Government's program. So far, a dozen states have such programs.

The Federal program has been most successful. More than 7,000 mentally retarded men and women have been hired. Two-thirds never before had held full-time jobs. Yet 93 percent of the workers have succeeded. More than 100 have received outstanding ratings.

Several years ago, with the cooperation of the President's Committee and the Manpower Administration of the U.S. Department of Labor, the Institute of Industrial Launderers took part in a program to train 600 retarded men and women for jobs in laundries across the United States. The training program has ended, yet retarded workers continue to be hired in these laundries. Their safety, attendance and reliability records have been far above average.

Recent President's Committee publications on the retarded include Guide to Job Placement of the Mentally Retarded, So You're Going to Hire the Mentally Retarded, Jobs and Mentally Retarded People, How to Get a Job (written for the retarded themselves); How the Retarded Are Trained for You; several more. Additionally, a monthly Newsletter and frequent Special Reports are published.

A number of magazine articles have been published on employment of the retarded. These have appeared mainly in business publications. Spot announcements on radio and television have urged jobs for the retarded. The mass media continue to be used to convey the message to America.

Basic Authority

The basic authority of the President's Committee is Presidential Executive Order 11480. In part, this states that "The President's Committee shall facilitate the development of maximum employment opportunities for the physically handicapped, mentally retarded, and mentally restored . . ."

Future Needs

America never must be allowed to forget the mentally retarded. Hence, mass media promotion must go on without end.

There are opportunities in the world of work for mentally retarded men and women who are able to work. But there is need for more training, more work conditioning, more preparation for employment.

Most of the opportunities so far have gone to the mildly retarded. There is need for emphasis on how those who are more seriously retarded can be prepared for some kind of employment, probably of a sheltered nature.

Work is but one side of man's life. What about the recreational needs of the retarded? The social needs? The needs of daily living? The needs the rest of us take for granted? These needs must be tended to--or else job opportunities alone will be meaningless.

For a fuller analysis of future needs of the world of work, These, Too, Must Be Equal should be referred to.

Finally, there must be respect for the mentally retarded as persons with dignity and with the right to be happy.

This can come as more and more retarded people enter America's mainstream.

REPORT ON PRESIDENT'S COUNCIL ON PHYSICAL FITNESS AND SPORTS' INVOLVEMENT IN THE AREA OF MENTAL RETARDATION

The President's Council on Physical Fitness and Sports provides program space and workshop opportunities for those with interest or specialties in mental retardation in each of its Regional Physical Fitness Clinics. The Physical Fitness Clinics are designed to keep physical educators, recreation specialists and school administrators abreast of new techniques and developments in physical fitness. A typical clinic program includes demonstrations by master teachers, presentations of the latest research findings and new program concepts, and exhibitions by champion athletes. The presentations and workshops on mental retardation are handled by Dr. Frank Hayden, Director of Physical Education and Recreation, Joseph P. Kennedy, Jr., Foundation, or Dr. Julian Stein, Consultant, Programs for the Handicapped, American Association for Health, Physical Education and Recreation. Clinics frequently attract as many as 3,000 people and, consequently, the exposure for work with the mentally retarded is significant. Sample clinic programs are enclosed.

The Council's Director of Program Development, Glenn Swengros, serves as Council representative to the National Special Olympics Advisory Council, Joseph P. Kennedy, Jr., Foundation, and devotes a portion of his time to the Special Olympics Program.

The Council maintains a stock of pamphlets devoted to the need of the mentally retarded and distributes them to interested parties. The titles are "The Mentally Retarded...Their New Hope," "Special Fitness Awards for the Mentally Retarded," and "Special Fitness Test for the Mentally Retarded." Copies are enclosed.

SMALL BUSINESS ADMINISTRATION

The work of SBA lies principally in providing financial assistance to new and existing small businesses, including socially and economically disadvantaged persons and minorities.

There is no special program directed toward mentally retarded persons. On the other hand, such a person is not excluded from receiving financial help if he has the capability of conducting a business as an individual or as a company. Our records do not show any such instance at the present time.

Institutions caring for the mentally retarded also would be eligible for financial assistance, excluding nonprofit institutions. Although this type of assistance would be more likely, and although our files show such assistance to nursing homes and the like, no loans to institutions for the mentally retarded are recorded.

We have several mentally retarded persons employed by the Agency, and here again, although there is no formal program, such persons are given every consideration for positions.

U.S. POSTAL SERVICE

The Postal Service strongly endorses the employment of mentally retarded persons in positions for which they are occupationally qualified or trainable.

The mentally retarded are hired in the Postal Service under a special program which requires certification of their employability by a vocational rehabilitation official. In effect, this certification is substituted for the usual examining procedures required under the competitive system.

Contacts are made with State Vocational Rehabilitation offices. They review job requirements, select candidates for consideration, assist and participate in initial job interviews. When a decision is reached by the appointing official in the local installation and the vocational rehabilitation counselor that a mentally retarded candidate is suitable for a specific job, then the counselor issues the certification. This document certifies that the retardate can perform the tasks of the selected position, can be expected to perform without hazard to himself or others, and is competent to handle necessary social relationships on and off the job without an unreasonable amount of help.

Retardates may be only considered for a vacant position as a mail handler or a custodial position under this authority. Openings the retardates fill are for the most part not especially created, but established jobs for which they qualify after training by a sheltered workshop or some other agency.

One of the basic principles in using selective placement techniques is to fit the individual to an established job or duty assignment. The creation of special sets of duties would create the allegation that the program is of a "make work" nature which would, in turn, decrease its acceptability.

At the present time, the Postal Service has no specific external programs, services and activities which provide direct or indirect services to the mentally retarded. Our continuing internal program, however, stresses that field offices should strive to make supervisors and managers aware that retardates are a source of industrious and conscientious employees, and periodically review the actual content of positions to determine whether additional positions suitable for the retarded are available. The use of coordinators for the employment of the handicapped, in installations of 100 or more employees, has been invaluable in promoting this program.

The employment of mental retardates in the Postal Service under the special appointing authority was initiated in February 1964. As of March 17, 1972, 1,864 mentally retarded individuals (two-thirds under age 24) have been hired under this program.

Their utilization has been accepted by managers and employees as good business practice and has escaped the label of "social programs." The employment of mental retardates supports the traditional concept of assuring equal opportunity to all citizens desiring postal employment and is fully compatible with the goals of efficiency and economy in the Postal Service. The program has a firm foundation in law and Presidential directives.

The Postal Service plans to improve and adjust its proficiencies to meet the changing employment needs of the mentally retarded and the changing requirements of a productive Postal Service, based on operational needs and budget limitations. It will continue to participate in this program to the fullest extent compatible with its primary mission of moving the mail.

VETERANS ADMINISTRATION

Mission and Authority

More than 2,000 mentally retarded children of veterans have received special educational services and vocational training through programs administered by the Veterans Administration since 1956. More than 47,000 seriously disabled veterans who have suffered degrees of intellectual impairment as a consequence of wounds, injuries, and disease of the 800,000 disabled veterans have been provided vocational rehabilitation services by the VA. The public may not generally identify programs of education and vocational training for mentally retarded children as a part of services administered by the VA. Mental retardation is not generally associated with men and women who have served in the military services or with dependents and children of veterans. Neither are impairment of mental functioning, neurological handicap, communicative loss, functional retardation, brain dysfunction, degenerative changes in adults resulting from injury, disease and heredity associated as closely related to the problems of mental retardation affecting persons of any age. Such complex human problems have high priority treatment, restorative and vocational rehabilitation needs which are regularly provided comprehensive services through the largest unified health delivery system of hospitals and clinics in the United States.

The mission of the VA is to effectively, expeditiously and with sympathetic understanding administer veterans' laws, and to exercise constructive leadership in the field of veterans' affairs. Title 38, United States Code, provides the authority for mission execution by the VA as an independent agency in the Executive Branch of the

Government. The VA was especially created for and concerned with administration of laws relating to delivery of services and other benefits provided by law for veterans, their dependents, and their beneficiaries. A veteran is a person who served in the active military, naval or air service and who was discharged or released under conditions other than dishonorable. Within the broad framework defined above, any program of services or special programs for the mentally retarded are carried out.

Service Delivery Units

Services to mentally retarded are carried out through two separate departments within the VA, but to maximize high quality service delivery, interlocking working agreements exist between the departments. The Compensation, Pension and Education Service of the Department of Veterans Benefits is responsible for providing education, vocational training and special assistance to veterans and dependents of veterans. The Department of Medicine and Surgery is responsible for operation of the system of hospitals and clinics with referral of eligible beneficiary to the Department of Veterans Benefits for education and vocational training, as well as providing definitive medical examination and consultation on matters involving physical and psychological handicaps and functional effectiveness of the person.

External Programs for Mentally Retarded

1. Education and training for mentally retarded dependents of veterans who died or became totally disabled as a result of a service-connected disability are provided under the War Orphans and Widows Educational Assistance Act, Chapter 35, Title 38, U. S. Code. Recent liberalization of the law provided eligibility for dependents of veterans who have been missing in action or are prisoners of war for over ninety days. This program was started in 1956.

Each eligible person may receive an educational assistance allowance up to $175 per month for up to 36 months of education. An educational assistance allowance may not be authorized for regular programs of secondary school training. Each eligible person is provided professional counseling to help him develop his educational or vocational plan and is available to wives and widows on request. There were 59,520 dependents in training under this program in Fiscal Year 1971. Of this number 45,724 were children of veterans, and 8,796 were wives and widows. The above program of educational assistance is in addition to the family assistance provided dependents under Dependence and Indemnity Compensation and includes a fixed allowance for each child and an allowance for a widow based on the pay grade the veteran reached in military service. Compensation for an individual child ends when the family chooses to receive educational assistance allowance instead of the Compensation.

Within the broad mission of providing education and vocational training, special assistance is available for mentally retarded and other handicapped dependents. This special assistance includes consideration of the mentally retarded person's total life situation by professional staff and legislative authority for VA to provide benefits at age 14 for special educational or vocational training programs. Consultative services by professional staff at VA hospitals are provided for diagnosis and evaluation, however, medical treatment may not be authorized for dependents. Professional rehabilition staff maintain continuing contact with retarded and handicapped dependents to assist with problems which may arise in the course of training and also provide employment assistance.

When a child becomes 13 years old, the family is informed of his eligibility for educational assistance benefits and of the special provisions for handicapped children. When the family requests educational assistance benefits, a counseling appointment is scheduled to develop an individualized plan and a decision made whether the child is in a suitable school situation or whether there is a need for placement in a specialized school or rehabilitation facility.

Special provisions exist for mentally retarded children who are incapable of self-support. Such parents are encouraged to pursue programs of education or training without fear that this decision will deprive their child of continuing assistance should the program be unsuccessful.

In Fiscal Year 1971, there were approximately 60 handicapped dependents in programs of special restorative training of whom about 30 were mentally retarded. These represent children with the most severe problems and who were so handicapped they could no longer profit from school programs. The purpose of this special restorative training for mentally retarded is to enable these children to enter a program which will provide vocational training and prepare them for employment. With the growth of special educational facilities in the past decade, many more retarded young children are able to remain in school with the training provided under the VA program as one of specialized vocational training. About 250 mentally retarded children were in training in specialized vocational and restorative programs in Fiscal Year 1971, receiving approximately $450,000 in benefits.

It is policy to use existing community facilities as the VA does not operate schools for handicapped children. Professional staff assists the family in selecting a school. There is coordination of effort with other federal, state and community agencies in behalf of mentally retarded dependents including cooperation with the Civilian Health and Medical Programs of the Uniformed Service otherwise known as CHAMPUS, the Federal-State Program of Rehabilitation, Department of Labor, and Civil Service Commission. Both CHAMPUS and VA benefits may be utilized in providing a course of special restorative training or an agreement may be reached with the Federal-State program to help the dependent complete training if VA benefits are exhausted.

The decision that an individual cannot reasonably be expected to become trained at some level with special restorative efforts is reached only after a comprehensive and individualized evaluation. Within this program, however, children with I.Q.'s as low as 35 have been trained for extended employment in a sheltered workshop environment. If training does not lead to a productive outcome for the individual, VA staff assists the family in developing alternatives such as continued programs of self-care or helping the family to cope with continuing need for care and support.

The above program of education and training for mentally retarded dependents is administered by the Compensation, Pension and Education Service of the Department of Veterans Benefits. Funds are allocated for this program based on numbers of dependents participating.

2. Disabled veterans who have a service-incurred disability which results in intellectual impairment are provided comprehensive assistance in making an adjustment to their disability. This program was initiated in 1943 and requires development of coordinated plans of diagnosis, treatment and rehabilitation by the Department of Medicine and Surgery and the Department of Veterans Benefits. Under Chapter 31, Title 38, U. S. Code, service-disabled veterans are entitled to treatment and restorative services for their service-connected condition and special educational benefits to help them overcome the handicapping effects of their disability. Veterans with non service-connected disability since 1955 are provided treatment and restorative services at VA hospitals when eligible. The objective for all veterans is to provide either through VA or in coordination with other agencies, comprehensive rehabilitative services which restore the veteran to his maximal level of functioning.

When there is reasonable certainty in regard to the veteran's level of functioning, vocational rehabilitation planning is initiated. Each service-disabled veteran in need of vocational training is provided professional help in selecting, completing and gaining employment in a suitable occupation.

The VA pays the cost of tuition, books and supplies plus a monthly living allowance of $135 to $210 for up to 48 months of training in addition to the disability compensation. Veterans who have service-connected disabilities for brain injury generally receive compensation at rates depending upon degrees of impairment.

Where the veteran's condition is such as to preclude participation in educational or vocational training, every effort is made by professional staff of VA hospitals to help the veteran participate in meaningful non-vocational and therapeutic activities. However, a decision that the veteran is permanently unable to undertake a vocational rehabilitation program is not made until all possibilities for improving the veteran's condition have been considered by professional specialists for the type of disability involved. Through interdepartmental coordination, professional staff of Department of Medicine and Surgery hospitals and rehabilitation staff of the Department of Veterans Benefits every effort is made to develop programs which will in time enable the veteran to become rehabilitated. There were 30,500 disabled veterans in training in Fiscal Year 1971, of whom approximately 11% or 3,300 had neurological problems resulting in some intellectual impairment. These veterans received approximately $6.5 million in benefits. The proportion of Vietnam era veterans with neurological problems which affect intellectual functioning provided vocational rehabilitation services is higher than for World War II (5.1%) or Korea (6.6%). Overall these 30,500 veterans received approximately $60 million dollars in benefits. This program is budgeted according to the number of participating veterans and is administered by the Compensation, Pension and Education Service of the Department of Veterans Benefits.

Research in Mental Retardation

Of the 166 hospitals and over 200 clinics which constitute the VA health delivery systems, 98 hospitals are affiliated with 84 medical schools.

determine the incidence of thrombotic phenomena in known heterozygotes for the homocystinuria gene. Since homocystinuria is now considered the second most common hereditary aminoacidapathy after phenylketonuria, it is important to more carefully study the frequency and impact of this gene in the general population. Studies such as the above have produced several important scientific publications.

The ridge details of fingers, palms and soles are called dermatoglyphics with unusual patterns being reported in groups with various genetic anomalies, especially those associated with chromosonal defects. They may also be found in certain disorders due to prenatal disease. Analysis of dermatoglyphics among patients with mental retardation is being compared with skull malformations as in microcephaly and macrocephaly, with dermatoglyphics in schizophrenia and in patients with certain skin disorders. Of importance in such studies is the use of normal control populations, of similar age groups, but also adult veteran patients, and other categories of disease that may be readily studied through the vast resources of the VA health system.

Other studies underway in the VA hospitals involve quantitative and qualitative physiological sleep patterns in mental retardation due to mongolism, phenylketonuria, and brain damage in comparison with sleep variables in normal and pathological aging, pseudophenylketonuria and brain amines utilizing experimental and control animals, cerebral evoked responses as related to intelligence and which requires adults of normal and subnormal intelligence, and characteristics of chronic unemployment in relation to reading retardation. Studies cited above are indicative of the basic and applied investigative areas that are inherent in the vast network of the health resources of the VA, and the untapped potential of this system for expanded research to contribute more substantially to mental retardation.

Affiliations with major universities exist for nursing, social work, clinical psychology, counseling psychology, speech pathology, audiology, and other health technologies. This nationwide health system regularly conducts 25 to 30 research investigations each year specifically concerned with mental retardation in 8 to 10 hospitals. In addition, large numbers of investigations are conducted relating to functional effectiveness, communication deficit, brain dysfunction, biochemistry, learning processes, diagnostic methods, vocational rehabilitation and ability of handicapped individuals to develop greater degrees of self-responsibility necessary for independence in community living. With thousands of patients who are also parents, opportunity exists to conduct scientific research on mental retardation involving individuals, groups, defined populations, family systems, and to utilize control populations which maximizes the largest national health system, its professional manpower and the interface with universities.

Mentally retarded children of veterans provide a source of patients with hereditary metabolic defects such as amino acid metabolism. Both veterans and their children are benefitted by development of better diagnostic and therapeutic measures as well as development of promising techniques for screening large numbers of individuals which are superior to the rather cumbersome methods which had been employed to detect inborn errors of metabolism. Studies of parents and children are essential to more clearly understand the causative factors of heredity in aminoaciduria in mental retardation. Screening studies have discovered congenital dislocation of hips in which metabolic studies showed the presence of dipeptide glycylproline which is not excreted by normal subjects. Further study may help elucidate the pathogenesis of this disorder. Also found in screening was a young girl with homocystinuria who died of pulmonary thrombosis which is a part of the clinical picture of this autosomal recessive disorder. The child's father, a veteran and obligate heterozygote had died after years of intractable phlebothrombosis of the leg veins. As a consequence the family system can be studied to

Internal Policies and Programs for the Mentally Retarded

The VA does not have overall mission responsibility for employment of the mentally retarded. The Civil Service Commission has responsibility for a program of employment and selective placement of the handicapped and mentally retarded. The VA does have an agreement with the Civil Service Commission that grants authority for VA appointing officials to employ mentally retarded persons under schedule A authority. As of June 30, 1971, the VA had 279 mentally retarded persons on the employment rolls. Positions filled by mentally retarded included file clerks, food service workers, medical aids in handling sterile supplies, x-ray film processors, mail clerks, elevator operators, and machine operators in laundries. (Grade levels are from GS-1 through GS-3.) There are no special programs for employees with mentally retarded children.

Trends Related to the Mentally Retarded

Within the broad framework of the VA mission providing services to veterans and dependents all programs will continue. No unusually great increase in incidence of mental retardation appears evident and no known program of services for mental retardation is apparent that cannot be handled within the framework of the VA national health delivery system.

Overview

Programs of services for the mentally retarded are identified and described. Some examples of existing research studies are given within the framework of the VA national health delivery system with recognition that potentials for basic and applied research in VA hospitals and clinics far exceed that which is currently underway.

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Dr. Joseph Douglass initiated and provided leadership for this study before illness forced his retirement as Executive Director of PCMR. Tadashi Mayeda, PCMR consultant, performed a major role in analyzing the agency submissions, and William Creager of Capital Systems assisted in the collection of data. Maurice Flagg, PCMR consultant, provided some of the editorial services. Raymond Nathan, PCMR Director of Communications, coordinated editorial production, with assistance from Mrs. Beverly Keith and Mrs. Pierrette Spiegler.

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